

FILED JAN 13 1942
258

Registration District No. _____

Primary Registration District No. 4395882

Registrar's No. 11

7600
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Osage

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 111 National Camp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME John Strope

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Feb 28 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>9</u>	<u>1</u>	hr. _____ min. _____

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Herman Strope

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Luehning

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Strope

(b) Address Meta 2nd

17. (a) _____ (b) Date thereof Dec 1st 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Thomas Cemetery

18. (a) Signature of funeral director H. H. Strope

(b) Address Meta mo

19. (a) 11/30/42 (b) Rose Rowan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Osage

(c) City or town Meta
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29 year 1942 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov 16 1942 to Nov 27 1942 that I last saw him alive on Nov 27 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis due to

Due to arteriosclerosis

Due to _____

Other conditions Ascending flaccid Paralysis
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Harry R. Greenberg (M. D. or other) _____

Address Meta Mo Date signed 11/30/42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed *H H Strop*

Licensed Embalmer No. *2924*

P. O. Address *Meta Md*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.