

FILED JUL 10 1943 80
Registration District No. 80

Primary Registration District No. 5307

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Lohman, "Rural" Moresan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cole
(c) City or town Lohman, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles west
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 85 yrs. 8 mo. years.

3. (a) PRINT FULL NAME Henry John Strobel

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

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

6. (b) Name of husband or wife Katherine Strobel 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased March 13 1957
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>2</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace Germany (City, town, or county) (State or foreign country) 4

10. Usual occupation Farming

11. Industry or business _____

12. Name Carl Strobel

18. Birthplace Germany (City, town, or county) (State or foreign country) 4

14. Maiden name Anna Amelia Kautsch

15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Paul Strobel

(b) Address Lohman, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10, 43 (Month) (Day) (Year)

(c) Place: burial or cremation Lohman Int. Cem.

18. (a) Signature of funeral director Neuge Schubert

(b) Address Russellville, Mo.

19. (a) June 10 - 43 (Date received local registrar) (b) Mrs. C. W. Plummer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th ~~1957~~ year _____ hour 8 minute 50 p.m.

21. I hereby certify that I attended the deceased from _____ 1941, to June 7, 1943

that I last saw him alive on June 7, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC MYOCARDIAL INSUFFICIENCY years

Due to CORONARY INSUFFICIENCY

Due to _____

Other conditions (include pregnancy within 3 months of death) g-32

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 _____

28. Signature E. M. Eberhart (M.D. or other) D.O. Address Russellville, Mo. Date signed 6/9/43

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

MOTHER FATHER

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.....

Hugo H. Schuler

Licensed Embalmer No.....

2820

P. O. Address:.....

Russell, Mo.

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, above space should be left blank.