

FILED JAN 6 1944
Registration District No. 80

Primary Registration District No. 5307

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

1. PLACE OF DEATH:

(a) County Cole *Morgan, Dup*
(b) City or town Lohman, Mo.
(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.
(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.

3. (a) PRINT FULL NAME George Strobel

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 Anna Strobel 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Sept. 11, 1857
(Month) (Day) (Year)

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

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

10. Usual occupation Stone mason

11. Industry or business _____

MOTHER FATHER { 12. Name George Strober Sr.

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

14. Maiden name Henrietta Franz.

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

16. (a) Informant Gus Strobel

(b) Address Burgar, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 8, 43
(Month) (Day) (Year)

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

18. (a) Signature of funeral director Walter Schubert

(b) Address Russellville, Mo.

19. (a) Dec. 8, 1943 (Date received local registrar) (b) Mal. E. W. Plummer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6th 1943
year _____ hour 8 minute A.M. M.

21. I hereby certify that I attended the deceased from December
1942 to Dec. 5, 1943;

that I last saw him alive on Dec. 5, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL HEMORRHAGE Duration 2 days

Due to ARTERIO SCLEROSIS yes

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 E. M. Ehrhart (M. D. or other) D @

Address Russellville, Mo. Date signed 12/7/43

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..... *King & Scheek*

Licensed Embalmer No. *2870*

P. O. Address *Russellville, 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.