

FILED 11/3/45

Registration District No. _____

Primary Registration District No. 4213

Registrar's No. 122

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Montrose
(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) 1

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

In this community Life Senior years, months or days)

3. (a) PRINT FULL NAME Victor Adam 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 Alma Strope 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased Sept 11 1919 (Month) (Day) (Year)

8. AGE: Years 27 Months 8 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

MOTHER FATHER 11. Industry or business _____

12. Name Leo Strope

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

14. Maiden name Wiskum

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

16. (a) Informant Leo Strope
(b) Address Montrose Mo

17. (a) Burial (b) Date thereof May 24-45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montrose Mo

18. (a) Signature of funeral director Welling Bros

(b) Address Montrose Mo

19. (a) June 20 (b) Myrtle Browder (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 112
(c) City or town Rural (If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 1945 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 11 1945 to May 19 1945

that I last saw him alive on May 19 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Lymphadenoma (Hodgkins disease)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 568

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 0

23. Signature W.E. Baggerly (M. D. or other) MD

Address Montrose Mo Date signed 5-23-45

Duration

2 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

42
0
0

RECEIVED

District Health Officer No. 1,

District File Number 6-43-691

Date Filed 7-12-45

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 Me
on the 21st day of May 1945, Registered Apprentice No. _____
working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City

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.