

No. 2
1-8-43
5-17-39
K37823

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3837

FILED FEB 1 1946

Registration District No. _____ Primary Registration District No. 6043

Registrar's No. 2082

1. PLACE OF DEATH:

(a) County Ripley

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

(c) Name of hospital or institution:
6 miles N of Naylor
(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 Ripley 9/1

(c) City or town rural
(If outside city or town limits, write "RURAL") 0

(d) Street No. 6 miles N of Naylor
(If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME Lester Bertran Stroud

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 single

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

7. Birth date of deceased Feb. 26, 1913
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>32</u>	<u>10</u>	<u>7</u>	_____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Charley E. Stroud

13. Birthplace Clay Co. Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Ernie F. Arnold

15. Birthplace Ripley Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Opal Vancil

(b) Address Arbyrd, Mo.

17. (a) Burial (b) Date thereof Jan. 15/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairdealing, Mo.

18. (a) Signature of funeral director: Minnie Gish

(b) Address Naylor, Mo.

19. (a) 1-14-46 (b) E. Johnston
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13
year 1946 hour 1 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Opinion available indicates an epileptic seizure while intoxicated which caused Strangulation
Due to _____
Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

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) (c) Means of injury _____
23. Signature William Carson (M. D. or other) Mo
Address Arbyrd Mo Date signed 1/14/46

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

11871

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

Bryan Mc Cord

Licensed Embalmer No. *4079*

P. O. Address *Naylor, 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, fact should be so stated above.