S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37455

Registration District No. 126 Primary Registration District No. 200 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 omnths. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 3-10 N. Elmwood.
(If rural, give location)

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

If yes, name country No

3. (a) PRINT FULL NAME Otto Strodtman

3. (b) If veteran, name war ~~No~~ Spanish Am. 3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced

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

7. Birth date of deceased March 13 th 1877.
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
69	8	10	hr. min.

9. Birthplace St. Louis Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired R R Man

11. Industry or business

FATHER
12. Name Frederick Strodtman
13. Birthplace Warren Co Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emily Cramer
15. Birthplace Washington Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Viola Strodtman
(b) Address 310 N. Elmwood

17. (a) Kansas City Mo. (b) Date thereof
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City Mo.

18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin Mo.

19. (a) 11-4-46 (b) [signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 3
year 1946 hour 8 minute 35 P. M.

21. I hereby certify that I attended the deceased from 9-25, 1946, to 11/3, 1946
that I last saw him alive on 11-3, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heard & Respiratory failure	
Due to: Embolism	
Due to: Fracture compression of 1st lumbar vertebra	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

99

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 123
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature W. E. Heinlein (Mgr. or other) Co.
Address 521-W-4 Date signed 11/3/46

158 (Licensed Embalmer's Statement on Reverse Side) Joplin

46-11-977

JAN 30 1947

DEC 10 1946

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 [signature]

Licensed Embalmer No. 3566

P. O. Address Joplin Missouri

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.