No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41142

FILED JAN 6 1948

Registration District No. 63 — Primary Registration District No. H113 — Registrar's No. 41

1. PLACE OF DEATH:
(a) County: CHARITON
(b) City or town: BRUNSWICK
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: CHARITON
(c) City or town: BRUNSWICK
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: WILLIS 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: WIDOWER
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive years

7. Birth date of deceased: MARCH (Month) 22 (Day) 1858 (Year)

8. AGE: Years 89 Months 8 Days 24 If less than one day hr. min.

9. Birthplace: MISSOURI (City, town, or county) (State or foreign country)
10. Usual occupation: FARMER (RETIRED)
11. Industry or business:

MOTHER FATHER
12. Name: GETHER STROUD
13. Birthplace: DONT KNOW (City, town, or county) (State or foreign country)
14. Maiden name: DONT KNOW
15. Birthplace: DONT KNOW (City, town, or county) (State or foreign country)

16. (a) Informant: MRS. O.H CARLEY
(b) Address: HAYES KANSAS
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-18-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: URBANA MO.
18. (a) Signature of funeral director: P Moore
(b) Address: BRUNSWICK MO
19. (a) Dec 18-47 (Date received local registrar) (b) Mildred Barger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 16 year 1947 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec 12 1947, 1947, to Dec 16, 1947 that I last saw her alive on Dec 16, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Shock — Duration
Due to: Fracture Hip Dec 12-47
Senility Fail to know ay
Due to: one for last 12 months
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause of which death should be charged statistically

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: J L Fricker (M. D. or other) DO
Address: BRUNSWICK Date signed:

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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.....L M Beisel.....

Licensed Embalmer No.....823.....

P. O. Address.....Brunswick M

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.