No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41352

FILED JAN 14 1948

Registration District No. 716 — Primary Registration District No. 5434 — Registrar's No. 11

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

1. PLACE OF DEATH:
(a) County Franklin.
(b) City or town Washington, "Rural" St. John's.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R. #2.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 9 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin 36
(c) City or town Washington "Rural" 6
(If outside city or town limits, write "RURAL")
(d) Street No. R. #2. 6
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Frances O. Strubberg.
3. (b) If veteran, name war X
3. (c) Social Security No. X

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband XXXXX Henry Strubberg
6. (c) Age of husband XXXX if alive 65 years
7. Birth date of deceased March (Month) 10th. (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	9	21	hr. min.

9. Birthplace Champion City. (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation House-work.
11. Industry or business X

FATHER
12. Name David Huether.
13. Birthplace Unknown. (City, town, or county) Germany. (State or foreign country) 4

MOTHER
14. Maiden name Mary Tiemann.
15. Birthplace Unknown. (City, town, or county) Unknown. (State or foreign country) 9

16. (a) Informant Mrs. Wm. J. Beste
(b) Address Washington, Mo. R. #2.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 3, 1948. (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Villa Ridge, Mo. R.F.D. (Gildehaus)
18. (a) Signature of funeral director Nieburg & Vitt, Inc.
(b) Address Washington, Mo.
19. (a) JAN 2 1948 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31st. year 1947 hour 7:00 minute 30 A. M.
21. I hereby certify that I attended the deceased from Dec 30, 1947, 19..., to Dec 31 1947 that I last saw her alive on Dec 30 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to

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

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other) [signature]
Address Washington Mo. Date signed 12-31-47

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1-12-48

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 Jerome F Swoboda, Registered Apprentice No. 441, working under my personal supervision.

Signed Lester H. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.