

FILED AUG 5 1948

State File No.

Registration District No. 282

Primary Registration District No. 5972

Registrar's No. 87

1. PLACE OF DEATH

(a) County Polk
 (b) City or town Hemington
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 2 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hickory
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Fyler
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country:

3. (a) PRINT FULL NAME RAYMOND F. STROUD

3. (b) If veteran, name war WORLD WAR II 3. (c) Social Security No. 154-12-5898

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: may 18 1948
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>2</u>	<u>6</u>	hr. _____ min. _____

9. Birthplace Webster Co. Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business:

MOTHER FATHER

12. Name Henry Stroud
 13. Birthplace Benton Co. Ark. 1
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Pryor
 15. Birthplace Webster Co. Mo. U
(City, town, or county) (State or foreign country)

16. (a) Informant Oliver Bell, Ontario
 (b) Address 453 Beverly St. Calif

17. (a) Burial (b) Date (if cool) July 27-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen Cem. Republic Mo.

18. (a) Signature of funeral director E. H. ...

(b) Address Hammersville, Mo

19. (a) July 29, 1948 (b) Ralph ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
 year 1948 hour 6 minute 35 P.M.

21. I hereby certify that I attended the deceased from 7-6
 1948 to 7-6 1948

that I last saw him alive on 7-6- 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis

Due to:

Due to:

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

Major findings: Of operations: 92 P
 Of autopsy:

Duration

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? 0 (Specify type of place) (e) Means of injury:

23. Signature H. H. Robinson, M.D. (M. or other)

Address Hammersville, Mo Date signed 7/25/48

AUG 18 1948

RECEIVED
District Health Officer No.

District File Number 7-48-28

Date Filed 8-4-48

207-10-103

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.....

Tom W. Northrup....., Registered Apprentice No. not issued
working under my personal supervision.

Signed E. H. Rimm.....

Licensed Embalmer No. 4282

P. O. Address Humansville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.