S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 30 1948

Registration District No. 209

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3043

State File No. 27046

Registrar's No. ~~366~~ 266

1. PLACE OF DEATH:

(a) County: Marion

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

(c) Name of hospital or institution: Levering 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8/17/48 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Illinois (b) County: pike R 999

(c) City or town: Barry 14
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME: Roy F. Strubinger

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Adrian Taylor

6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: May 20, 1883 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
65	3	2	hr. min.

9. Birthplace: Eldara Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation: Insurance

11. Industry or business: Self

FATHER
12. Name: Thomas C. Strubinger
13. Birthplace: No record 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Sarah Ann Hagan
15. Birthplace: No record 9
(City, town, or county) (State or foreign country)

16. (a) Informant: W. F. McCardle
(b) Address: Chicago Illinois

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/26/48 (Month) (Day) (Year)
(c) Place: burial or cremation: ElDara Illinois

18. (a) Signature of funeral director: [signature]
(b) Address: 902 Broadway Hannibal Mo

19. (a) 8-23-48 (Date received local registrar) (b) Dr K M. Lucke (Registrar's signature) 184

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22
year 1948 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from Aug 17, 1948, to Aug 22, 48;
that I last saw him alive on Aug 22, 48;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Fracture Rt Hip	6 Days
~~Due to~~ Parkinsons Disease - General Yrs	
~~Due to~~ Terminal Pneumonia	4 Days

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 1 86 10
Of autopsy: 18

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): Frac. Rt Hip
(b) Date of occurrence: Aug 16 - 1948 Pk
(c) Where did injury occur? ElDara (City or town) Pike (County) Illinois (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? NO (e) Means of injury: Fell.

23. Signature: F. E. Sultzman M.D. (M.D. or other)
Address: Hannibal Mo Date signed: 8/23/48

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 John S. Ward

Licensed Embalmer No. 4540

P. O. Address Hannibal 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.