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
FILED MAY 22 1947
Registration District No. 17 B

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17931

Primary Registration District No. 3033

Registrar's No.

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Lebanon (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 (Specify whether
In this community entire life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Laclede 53
(c) City or town Lebanon (If outside city or town limits, write "RURAL") 1
(d) Street No. Hayes addition (If rural, give location) 20
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Henry Stroup
3. (b) If veteran, name war. None
3. (c) Social Security No. none

4. Sex male
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sarah Stroup
6. (c) Age of husband or wife if alive 88 years
7. Birth date of deceased May (Month) 6 (Day) 1861 (Year)

8. AGE: Years 86 | Months — | Days 5 | If less than one day ... hr. ... min.

9. Birthplace Laclede Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Retired farmer
11. Industry or business Farmer
MOTHER FATHER
12. Name Henry Stroup
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Lydia Millsap
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant W. B. Stroup
(b) Address Newburg Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation New Hope Cemetery
18. (a) Signature of funeral director W. T. Herman
(b) Address Lebanon Mo.
19. (a) May 17, 1947 (Date received by local registrar) (b) Ora Frankeberger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1947 hour 1 minute A.M.
21. I hereby certify that I attended the deceased from 5-10, 19 47, to 5-11, 19 47, that I last saw him alive on 5-10, 19 47 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertension	
Heart Disease due to	
Myocardial Degeneration	
Due to Embolic Colitis	
Due to	
Other conditions (Include pregnancy within 3 months of death) d	
Major findings: Of operations n p	
Of autopsy n	

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) 0
While at work? (e) Means of injury

23. Signature J. B. Brunner (M. D. or other) M.D.
Address Lebanon Mo. Date signed 5-17-47

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

Received 5/20/47

Laclede County Health Unit

File No. 5-47-82

Date Filed 5/21/47

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.