

REC'D AUG 23 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24923
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 125
(b) Township Primary Registration District No. 3009 Registered No. 215
(c) City Cape Girardeau (d) Street No. Southeast Mo. Hospital St.
(If death occurred in Hospital or Institution, write its name (instead of street and number))
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James D. Stroder

(a) Residence, No. 801 North Boulevard St. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucille Allen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 14, 1909
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 6 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shoe
9. Industry or business in which work was done, as saw mill, bank, etc. Factory
10. Date deceased last worked at this occupation (month and year) Worked Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Cape County, Mo. (STATE OR COUNTRY)

13. NAME James F. Stroder

14. BIRTHPLACE (CITY OR TOWN) Burfordsville, Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Mary Nevada Hartle

16. BIRTHPLACE (CITY OR TOWN) Cape County, Mo. (STATE OR COUNTRY)

17. INFORMANT Mrs. James Stroder (ADDRESS) Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmont Cent. DATE August 1, 1938

19. FUNERAL DIRECTOR (NAME) L. L. Haman (ADDRESS) Cape Girardeau, Mo.

20. FILED 2-30 1938 J. M. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1938, to July 30, 1938. I last saw him alive on July 30, 1938. Death is said to have occurred on the date stated above, at 1:00 P. M.
The principal cause of death and related causes of importance were as follows:

Internal Hemorrhage Date of onset 184
Shot in Abdomen

Name of operation None Date of
What test confirmed diagnosis? Dyploma Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? July 30 Date of injury July 30, 1938
Where did injury occur? Under no Cape Co. mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Shot while hunting
Nature of injury Shot thru back region in the abdomen

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. D. Owen M. D.
(Address) Cape Girardeau, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

16
1
4

195

STATEMENT BY LICENSED EMBALMER

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,

J. L. Kowars

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

J. L. Kowars

Licensed Embalmer No. *2863*

P. O. Address *Cape Girardeau 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, above space should be left blank.

Vertical text on the right edge of the page, possibly a stamp or margin note.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

24923

Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 128
(b) Township Cape Girardeau Primary Registration District No. 3009
(c) City Cape Girardeau (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 215-

2. PRINT FULL NAME

(a) Residence, No. James D. Steward St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 6 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Internal Hemorrhage Date of onset

Other contributory causes of importance:

Shot in abdomen
Accident

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) _____, M. D.

(Address) Cape Girardeau, mo

Local Registrar.

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

ALL PHYSICIANS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTAL

