

DEC'D APR 10 1939

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

10347

Do not use this space.

1. PLACE OF DEATH

- (a) County Cape / Registration District No. 125
(b) Township Cape / Primary Registration District No. 3009
(c) City or Cape Girardeau. (d) Street No. South East Mo. Hosp. St. 106
(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

- (a) Residence, No. White Water Mo. St. White Water Mo.
(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 Roxie Austin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29, 1883

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
55 10 17

- OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
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) Burfordsville Mo.
(STATE OR COUNTRY)

- FATHER 13. NAME Frank Stroder

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

- MOTHER 15. MAIDEN NAME Sarah Austin

16. BIRTHPLACE (CITY OR TOWN) Burfordsville Mo.
(STATE OR COUNTRY)

17. INFORMANT Mrs Roxie Stroder
(ADDRESS) White Water Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cross Roads Cem DATE 3-19-1939

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

20. FILED 3-16-39 J. M. Thompson Local Registrar. (Address) Cape Girardeau Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-16-39, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-15-39, 1939, to 3-16-39, 1939

I last saw him alive on Mar 16, 1939 Death is said to have occurred on the date stated above, at 6:00 p.m.

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

Peritonitis

Date of onset 3-10-39

Other contributory causes of importance:

Reflexed afferentia 3-10-39

Name of operation affluentomy Date of 3-16-39
What test confirmed diagnosis? U Was there an autopsy? U

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 1939

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? U

If so, specify

(Signed) W. A. Schwan, M. D.

(Address) Cape Girardeau Mo.

Schoen

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

L. L. Hamon

Licensed Embalmer No.

2863

P. O. Address

Cape Girardeau

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

If this body is not embalmed, above space should be left blank.