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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44482

Registration District No. 761 Primary Registration District No. 4456 Registrar's No. 24

1. PLACE OF DEATH:

(a) County St Clair 2

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

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

(d) Length of stay: In hospital or institution T (Specify whether
In this community 67 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Mo (b) County St Clair

(c) City or town Rural
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William FRANKLIN STROUP

3. (b) If veteran, name war None

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Letta Ralph

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

7. Birth date of deceased Jan (Month) 15 (Day) 1872 (Year)

8. AGE: Years 67 Months 10 Days 17 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business 0

FATHER
12. Name Ansel P. Stroup 1
13. Birthplace New York (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Caroline Bellomy
15. Birthplace Iowa (City, town, or county) (State or foreign country) 0

16. (a) Informant's own signature John P. Stroup
(b) Address Kansas City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 4 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Appleton City Cem

18. (a) Signature of funeral director Frank Lee
(b) Address Appleton City Mo 8 21

19. (a) Dec. 4 1939 (Date received local registrar) (b) Chas Abney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3 year 1939 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept 1 1937, 19, to Dec 3, 1939; that I last saw him alive on Dec 2 1939, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	
Bronchopneumonia	
Due to: Bronchial asthma	
Bronchiectasis	
Due to: ~~Chronic~~	
Other conditions: Chronic limnitis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)
While at work? (e) Means of injury

23. Signature R. L. Hansen (M. D. or other)
Address Appleton City Date signed 12-5-39

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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

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.

50M-5-17-39
Rev. 5-17-39
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RECEIVED
District Health Officer No. 7
District File Number 1-40-94
Date Filed 1-9-40

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 ..... me on the 3 day of Dec. 1939, Registered Apprentice No. ....., working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City, 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.