

No. 2
11-10-39
1-17-39
K X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUL 15 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22065

State File No. _____

Registration District No. 427

Primary Registration District No. 55832

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Johnson

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

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

(d) Length of stay: In hospital or institution 2
(Specify whether _____)

In this community 67 years
years, months or days

3. (a) PRINT FULL NAME Charley Struebin

3. (b) If veteran, name war ✓

3. (c) Social Security No. 211

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Edith Struebin

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased July 8 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>11</u>	<u>1</u>	hr. min.

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

10. Usual occupation Farmer and Stockman

11. Industry or business _____

12. Name Nicholas Struebin

13. Birthplace Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Christine Hattering

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Edith Struebin

(b) Address Holden Missouri

17. (a) Burial (b) Date thereof June 12-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden Cemetery

18. (a) Signature of funeral director M. Hoffman

(b) Address Struebin mo

19. (a) June 13 1940 (b) Mrs H. D. Redford
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. 1/4 Miles West of Holden
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1940 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from June 8, 1938, to June 10, 1940
that I last saw him alive on June 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Duration 5/20/40

Due to _____

Due to _____

Other conditions Hypertensive Cardiovascular disease
(include pregnancy within 8 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? 388

(Specify type of place) _____

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

23. Signature Kelly Rawlins (M. D. or other) _____

Address Holden mo Date signed 6/11/40

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-16-40

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 _____

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

Signed T. M. Goodman
Licensed Embalmer No. 2424
P. O. Address Holden 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.