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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38244

Registration District No. 89 — FILED DEC 12 1940 — Primary Registration District No. 3007 — Registrar's No. 333

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

1. PLACE OF DEATH:

(a) County Butler

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

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

(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler

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

(d) Street No. 2 miles East of Harwell (If rural, give location)

0

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

3. (a) PRINT FULL NAME VERNA MARILYN STROUD

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased Oct (Month) 7 (Day) 1940 (Year)

8. AGE: Years | Months | Days 28 | If less than one day hr. min.

9. Birthplace Butler Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation ✓ 0

11. Industry or business ✓ 0

FATHER
12. Name Earl T. Stroud 0
13. Birthplace Naylor (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Vida Mae Crocket
15. Birthplace Harwell (City, town, or county) Mo (State or foreign country)

16. (a) Informant Earl T. Stroud

(b) Address Poplar Bluff Rt 1 Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 7 - 40 (Month) (Day) (Year)

(c) Place: burial or cremation Kinsey Cem.

18. (a) Signature of funeral director Minnie Fisk

(b) Address Naylor

19. (a) 11-8-40 (Date received local registrar) (b) Oldenburger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5 year 1940 hour 6 minute A M.

21. I hereby certify that I attended the deceased from 11-4, 1940, to 11-5, 1940 that I last saw her alive on 11-5, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Colitis	
Due to 114 B.	
Due to	
Other conditions Tumulus (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

PHYSICIAN — Underline the cause to 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? 40 (Specify type of place)

While at work? (e) Means of injury

23. Signature J M Hennebrow (M. D. or other) 1

Address Poplar Bluff Mo Date signed 11-7-40

(Licensed Embalmer's Statement on Reverse Side)

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 Bryan C. McCord

Licensed Embalmer No. 4079

P. O. Address Naylor Mo.

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

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