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FEB 14 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2181

Registration District No. 168

Primary Registration District No. 40951

Registrar's No. 2

1. PLACE OF DEATH

(a) County Cedar

(b) City or town Eldorado Springs Mo.  
(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 \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Faith Stroer

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan 5 1941  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
-	-	-	10 hr. 45 min.

9. Birthplace Eldorado Springs Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Tom Stroer

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

14. Maiden name Eva Smith

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

16. (a) Informant Tom Stroer

(b) Address Eldorado Springs Mo.

17. (a) Burial (b) Date thereof Jan 6 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rocky League

18. (a) Signature of funeral director Ervin Sidess

(b) Address Eldorado Springs Mo.

19. (a) 1-6-41 (b) W. Dawson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cedar

(c) City or town Eldorado Springs  
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5  
year 1941 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 5, 1941, to Jan 5, 1941; that I last saw her alive on Jan 5, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Premature birth

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 15M

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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? 15th

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Ch. Sunderwirth (M. D. or other) Dr.

Address Eldorado Springs Date signed 1-6-41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 2-41-266

Date Filed 2-7-41

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**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.....

Licensed Embalmer No.....

P. O. Address.....

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

**If this body is not embalmed, fact should be so stated above.**