

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton

(c) Name of hospital or institution: Callaway Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 4 days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County CALLAWAY

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

(d) Street No. R.F.D. 2
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME CLAUD STROUP

3. (b) If veteran, name war _____

3. (c) Social Security No. 492-097329

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased APR. 29, 1899
(Month) (Day) (Year)

8. AGE: Years 41 Months 9 Days 26
If less than one day hr. _____ min. _____

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

10. Usual occupation LABORER

11. Industry or business _____

MOTHER FATHER { 12. Name JAMES STROUP

13. Birthplace WAYNE Co. MO
(City, town, or county) (State or foreign country)

14. Maiden name MARIE MAY HIGGS

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

16. (a) Informant's own signature GUY STROUP

(b) Address St Louis, Missouri

17. (a) Burial (b) Date thereof Feb. 28, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WILLIAMSVILLE, MO

18. (a) Signature of funeral director Wm. J. Mansur

(b) Address 700 COURT FULTON, MO

19. (a) Feb. 26, 1941 (b) R. N. Crews
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26
year 1941 hour 1 minute 50 A.M.

21. I hereby certify that I attended the deceased from 2/22/41
to 2/26, 1941
that I last saw him alive on 2/25, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death acute perforation of gastric ulcer with peritonitis

Duration 2 1/2 hrs

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Perforated gastric ulcer.

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? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature Henry Dunt (M. D. or other) MD.

Address Fulton, Mo. Date signed 2/26/41

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

REV. 5-17-39 I X19311

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.

NOV 9 1942

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..... *Glen Y. Mangin*.....
Licensed Embalmer No. *3725*.....
P. O. Address..... *Fulton, 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.