No. 2
10-39
7-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32691

FILED OCT 15 1941

Registration District No. 1 2 4 1

Primary Registration District No. 6037 B

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Slater "Rural" (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 ..... In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline

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

(d) Street No. ..... (If rural, give location) 0

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

3. (a) PRINT FULL NAME GEORGE FREDRICK STROUD

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Josephine Stroud

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

7. Birth date of deceased Feb - 27 - 1878 (Month) (Day) (Year)

8. AGE: Years 63 Months 6 Days 12 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business .....

FATHER 12. Name James Stroud

FATHER 13. Birthplace / (City, town, or county) Ky (State or foreign country)

MOTHER 14. Maiden name Mayfield

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

16. (a) Informant Barbara Holtman

(b) Address Kansas City Kans

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept-11-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Slater Mo

18. (a) Signature of funeral director Harry Herilberger

(b) Address Marshall Mo

19. (a) Sept. 11, 1941 (Date received local registrar) (b) Ella Alexander (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9 year 1941 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from 7-12, 1941, to 9-9, 1941, that I last saw him alive on 9-9, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia	
acute pneumonia	2 days
Due to Arteriosclerosis	3
Hypertension	
Due to	
Other conditions (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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature J. C. Ladner (M. D. or other) .....

Address Glasgow Mo Date signed 9-10-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
Permit File Number
Date Filed 10-13-41

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 Fred Wiedemann

Licensed Embalmer No. 3478

P. O. Address Clinton Ma

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.

No. 2B
8-21-41
X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32691

Registration District No. 1799 Primary Registration District No. 6037B Registrar's No.

1. PLACE OF DEATH:
(a) County: Saline
(b) City or town: Slater Rural
(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 years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: George H. Stroud
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: Josephine Stroud
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Feb. 27 1878 (Month) (Day) (Year)

8. AGE: Years 63 Months 6 Days B If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day
year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY