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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 12 1941

38052

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 3

Registration District No. 15

Primary Registration District No. 4091

Registrar's No. 44

**1. PLACE OF DEATH:**

(a) County Cass

(b) City or town Pleasant Hill Inn
(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 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Cass 19

(c) City or town Pleasant Hill 2
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Louis Ludwig Strack

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Dorothy Rosalie

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased August 12 1867
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 74 | 3 | 18 | hr. min. |

9. Birthplace Alsace Lorraine Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Germany

FATHER
12. Name Phillip Strack
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Schmook
15. Birthplace 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Robt. Kennedy
(b) Address Pleasant Hill, Mo.

17. (a) Burial Cemetery (Burial, cremation, or removal) (b) Date thereof 12/1/41 (Month) (Day) (Year)

(c) Place: burial or cremation P. O. Cemetery

18. (a) Signature of funeral director L. W. Brown Jr.
(b) Address Pleasant Hill Mo.

19. (a) 12-1-41 (Date received local registrar) (b) Mrs Etta M. Aldridge (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 30
year 1941 hour 2 minute 9 M.

21. I hereby certify that I attended the deceased from Nov. 26, 1941, to Nov 30, 1941;
that I last saw him alive on Nov. 29, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Regurgitation

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

92 b

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature L. V. Murray M.D. (M. D. or other)
Address Pleasant Hill, Mo. Date signed 12/1/41

(Licensed Embalmer's Statement on Reverse Side)

DEC 22 1941

## 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 By me Nov-30, Registered Apprentice No. ..... working under my personal supervision.

Signed A W Brownfield

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill 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, fact should be so stated above.**