

Registration District No. 135

Primary Registration District No. 3034

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Woodland Hospital
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton
(c) City or town Brunswick
(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. 1 years.

3. (a) PRINT FULL NAME MARY STRUB

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 Widowed
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 31 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 20 If less than one day, hr. _____ min. _____

9. Birthplace Brunswick, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Home Keeper

11. Industry or business _____

MOTHER FATHER

12. Name David Strub
13. Birthplace Ala.-Louis. 5
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Falger
15. Birthplace Ala.-Tenn. 5
(City, town, or county) (State or foreign country)

16. (a) Informant Ruben Strub

(b) Address Brunswick, Mo.

17. (a) Burial (b) Date thereof 3/27/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brunswick

18. (a) Signature of funeral director Meyer Funeral Home

(b) Address Brunswick, Mo.

19. (a) 3/23/42 (b) Trina Hlave
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st
year 1942 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 16, 1942, to March 21, 1942
that I last saw her alive on March 21, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Right lower lobe pneumonia 2 days

Due to anemia as result of
Hypertension Acute Disease

Due to Weak Disease of Gall bladder
Other conditions Appendix
(Include pregnancy within 3 months of death)

Major findings: Of operations 108

Of autopsy _____

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 Thos S. Fleming (M. D. or other) _____
Address Moberly, Mo. Date signed 3/22/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 4-10-821

Date Filed APR 15 1943

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 John H. Meyer

Licensed Embalmer No. 3730

P. O. Address Brunswick, 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.