S. No. 2
M—9-4-41
v. 5-17-39
I X29484

108

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
SEP 8 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 31602

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 79

**1. PLACE OF DEATH:**

(a) County Vernon

(b) City or town Rural, Washington (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: N. of Nevada, Mo. (If not in hospital or institution, write street number or location)

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

In this community 3 yrs — years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 108

(a) State Mo. (b) County Vernon

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

(d) Street No. N. of Nevada, Mo. (If rural, give location)

(e) Citizen of foreign country? No — (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mary Struber

3. (b) If veteran, name war No

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife B. F. Struber

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

7. Birth date of deceased Aug 18, 1868 (Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 28 If less than one day hr. min.

9. Birthplace Weisbaden (City, town, or county) Germany (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Christopher Bender
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown Hoffman
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Jim Robinson

(b) Address Nevada, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/16/42 (Month) (Day) (Year)

(c) Place: burial or cremation Marshfield, Mo

18. (a) Signature of funeral director Marsh Eichinger

(b) Address Nevada, Mo.

19. (a) August 16, 1942 (Date received local registrar) (b) Elizabeth Breckenridge (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug day 15 year 1942 hour 10 30 minute A M.

21. I hereby certify that I attended the deceased from Oct 1, 1940 to Aug 15, 1942 that I last saw her alive on Aug 15, 1942 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Acute Left hemiplegia | 8-15-42 |
| Due to Chronic cardio-vascular renal disease Hyper tension | 4 yrs |
| Due to Diabetes Mellitus | 6-7 yrs |
| Other conditions None (Include pregnancy within 3 months of death) | |

Major findings:
Of operations None
Of autopsy None

61

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 R. B. Gray M.D. (M. D. or other)

Address Nevada Mo Date signed 8-15-42

1231

(Licensed Embalmer's Statement on Reverse Side)

SEP 3 1942

RECEIVED
District Health Officer No. 7,
District File Number 9-42-926
Date Filed 9-2-42

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 Mark Eichinger

Licensed Embalmer No. 26576

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