

FILED JAN 21 1943

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 187

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
626 S. Adams - 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 4 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Sarah C. Stroupe

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 Andrew J. Stroupe 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar. 4, 1852
(Month) (Day) (Year)

8. AGE: Years 90 Months 9 Days 20 If less than one day hr. min.

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

10. Usual occupation house wife

11. Industry or business

12. Name William Vandiver
13. Birthplace Jefferson Co. Mo. (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Foster
15. Birthplace Jefferson Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Leola Baker
(b) Address Nevada Mo.
17. (a) Removal (b) Date thereof 12-27-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Soter Mo.

18. (a) Signature of funeral director Mont Eichinger
(b) Address Nevada Mo.
19. (a) Dec. 24, 1942 (b) Elizabeth Beckwith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 626 S. Adams -
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24
year 1942 hour 11 minute 41 A.M.

21. I hereby certify that I attended the deceased from Dec 16
1942 to Dec 24 1942
that I last saw her alive on Dec 24 1942
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage
Due to Senility

Other conditions (Include pregnancy within 3 months of death) 030

Major findings: Of operations 030
Of autopsy 030

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 J. Newcomb (M. D. or other) _____
Address Nevada Mo Date signed 1/21/42

Duration 2 Days
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1231

RECEIVED

District Health Officer No. 7;

District File Number

12-42-1486

Date Filed

1-15-43

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

Marshall C. Lechner

Licensed Embalmer No.

2686

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.