

State File No. **31231**  
Registration District No. **316** Primary Registration District No. **3059**  
Registrar's No. **283**

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

1. PLACE OF DEATH:

(a) County **ST. FRANCIS**  
(b) City or town **BONNE TERRE MO**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**BONNE TERRE HOSPITAL**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **10 da.** (Specify whether years, months or days) **20 yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **WASHINGTON**  
(c) City or town **ITONDALE**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **SARAH JANE STROTHER**  
3. (b) If veteran, name war **NO** 3. (c) Social Security No. **2000**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **29** day **aug** year **1946** hour **9** minute **30 P.M.**  
21. I hereby certify that I attended the deceased from **Aug 13 h.** 19**46**, to **Aug 27** 19**46**.  
that I last saw her alive on **Aug 29** 19**46** and that death occurred on the date and hour stated above.

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **LOUIS ALBERT STROTHER** 6. (c) Age of husband or wife if alive **74** years  
7. Birth date of deceased **JUNE 3 1879**  
(Month) (Day) (Year)

Immediate cause of death **A. Apoplexy**  
Due to **Arteriosclerosis**  
Due to **L**

8. AGE: Years Months Days If less than one day  
**67** **2** **27** hr. = min.

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

9. Birthplace **GRANDON MO**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **HOUSE WIFE**

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
**J. S. P.**

11. Industry or business **HOME**  
12. Name **JAMES DUNLAP**  
13. Birthplace **ENGLAND**  
(City, town, or county) (State or foreign country)  
14. Maiden name **JENNIE MOORE**  
15. Birthplace **UNKNOWN**  
(City, town, or county) (State or foreign country)

16. (a) Informant **LOUIS STROTHER**  
(b) Address **ITONDALE MO**

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? \_\_\_\_\_

17. (a) **Burial** (b) Date thereof **Aug 31 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **NAMALTON**

While at work? \_\_\_\_\_ (Specify type of place)  
(2) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director **J. S. Boyer**  
(b) Address **Leadwood Mo.**  
19. (a) **9-12-46** (b) **Ether Rudloff**  
(Date received local registrar) (Registrar's signature)

23. Signature **Charles Sutter** (M. D. or other)  
Address **1141 N. A. Bonneton** Date signed **Aug 30**

RECEIVED

District Health Officer No. 4  
District File Number 946-261-3  
Date Filed 9-16-46

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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 Bert L. Boyer

Licensed Embalmer No. 3445

P. O. Address Leadwood 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.