

No. 2
-12-45
5-17-39
I X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5248**

FILED FEB 21 1947
Registration District No. **155**

Primary Registration District No. **5578**

Registrar's No. **17**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Rural** -- JOPLIN TWP.
(c) Name of hospital or institution: **Joplin, R#**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **60 years** (Specify whether years, months or days)
In this community **60 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Rural** -- JOPLIN TWP.
(d) Street No. **Joplin, R#**
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **James Arthur Strouss**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **widowed**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **June 25 1880**
(Month) (Day) (Year)

8. AGE: Years **96** Months **7** Days **16** If less than one day hr. min.

9. Birthplace **no record** (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name **No record**
13. Birthplace _____
14. Maiden name _____
15. Birthplace _____

16. (a) Informant **Mr. Lee Patton**
(b) Address **Joplin, Missouri**

17. (a) **Burial** (b) Date thereof **2-13-47**
(c) Place: burial or cremation **Peace Cemetery Parker-Hunsaker**

18. (a) Signature of funeral director _____
(b) Address **1502 Joplin, Joplin, Mo.**

19. (a) **FEB 13 1947** (b) **E. C. Satchell**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **10** year **1947** hour **4** minute **45** P. M.

21. I hereby certify that I attended the deceased from **February 10 1947** to **February 10 1947** that I last saw him alive on **February 10 1947** and that death occurred on the date and hour stated above.

Immediate cause of death **cerebral hemorrhage** Duration **2 weeks**

Due to _____

Due to _____

Other conditions **congestive heart failure** ?
(Include pregnancy within 3 months of death)

Major findings: Of operations **S3A**

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? **0**

While at work? _____ (Specify type of place) (e) Means of injury _____

Signature **Edward J. Dine** (M. D. or other) **MD**
Address **Joplin, Mo** Date signed **2/13/47**

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

2-103

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 *F.M. Jones*.....

Licensed Embalmer No. *2319*.....

P. O. Address *Joplin 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.