No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 26 1947

Registration District No. _____

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7747

Primary Registration District No. 4001

Registrar's No. 70

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Novinger
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Novinger, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None
In this community: Most of Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Adair
(c) City or town: Novinger
(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: Florence Augusta Stroup
3. (b) If veteran, name war _____
3. (c) Social Security No. None

4. Sex: Female
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: May (Month) 24 (Day) 1868 (Year)

8. AGE: Years 78 Months 8 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace: Pacific (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Home

FATHER
12. Name: George Neff
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary A. E. Housen
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Etelka Stroup Stephenson
(b) Address: Novinger, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/18/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Novinger Cemetery
18. (a) Signature of funeral director: Der Kelly
(b) Address: Kirksville, Missouri
19. (a) 3-17-47 (Date received local registrar) (b) Tate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16 year 1947 hour 10:30 minute A.M.

21. I hereby certify that I attended the deceased from Aug 1945 to Feb 16 1947 that I last saw her alive on Feb 16 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of the Liver	1 year
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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: D. Garrison M.D. (M. D. or other)
Address: Novinger Mo. Date signed: 3-5-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 10
District File 3-47-56
Date Filed MAR 26 1947

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 D E Riley

Licensed Embalmer No. 4181

P. O. Address Kirksville

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.