S. No. 2
OM—2-43
v. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1947

Registration District No. 33

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8201

Primary Registration District No. 3010

Registrar's No. 119

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution:
606 S. Henderson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 20 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")

(d) Street No. 606 S. Henderson
(If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME Dennis Franklin Stroder

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex M D

5. Color or race W

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

6. (b) Name of husband or wife Mary Brennecke Stroder

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

7. Birth date of deceased February (Month) 18, (Day) ~~1896~~ 1868 (Year)

8. AGE: Years 79 Months 0 Days 26 If less than one day ____ hr. ____ min.

9. Birthplace Burfordville, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer and Carpenter

11. Industry or business ____

FATHER
12. Name Franklin Stroder
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy L. Stroder
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Stroder

(b) Address 606 S. Henderson, Cape

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/47 (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director L.L. Haman

(b) Address Cape Girardeau, Mo.

19. (a) 4-9-1947 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14, year 1947 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from Jan, 1947 to Mch 3, 1947 that I last saw him alive on Mch 3, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to ____

Due to ____

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

Major findings:
Of operations ____
Of autopsy ____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

94B

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 A. McMurtley (M. D. ~~or other~~)

Address Cape Girardeau Date signed 3-17-47

44

(Licensed Embalmer's Statement on Reverse Side)

RE[illegible]D

District Health Officer No. 4

District File Number 447-525

Date Filed 4-14-47

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 William Lee Townes

Licensed Embalmer No. 4410

P. O. Address Cape Girardeau, 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.