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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 2 1947

Registration District No. 1

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16361

Primary Registration District No. 4009

Registrar's No. 164

1. PLACE OF DEATH:
(a) County Andrew
(b) City or town Savannah
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 1 yr
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Andrew 2
(c) City or town Savannah 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Walter Warren Sroufe
3. (b) If veteran, name war I
3. (c) Social Security No. 707-03-8348

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Katherine Moore
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased May (Month) 28 (Day) 1897 (Year)

8. AGE: Years 49 Months 11 Days 12 If less than one day ____ hr. ____ min.

9. Birthplace Savannah (City, town, or county) Mo (State or foreign country) 1
10. Usual occupation Time Keeper
11. Industry or business Santa Fe RR

MOTHER FATHER
12. Name Jess Sroufe 0
13. Birthplace Savannah (City, town, or county) Mo (State or foreign country)
14. Maiden name Elizabeth Mitchell
15. Birthplace unknown (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant Jess Sroufe
(b) Address Savannah Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation Savannah
18. (a) Signature of funeral director E. C. Beck
(b) Address Savannah Mo
19. (a) 5-19-47 (Date received local registrar) (b) Lillian Stark (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 10 year 1947 hour 12 minute 5-0 P.M.

21. I hereby certify that I attended the deceased from Sept 20th, 1946, to May 10, 1947, that I last saw him alive on May 10, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of pancreas — Duration 1 yr
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 0

23. Signature Dr Forrest C. Long (M. D. ~~or other~~)
Address Savannah Mo Date signed 5-11-47

(Licensed Embalmer's Statement on Reverse Side)

FEB 5 1948

JAN [illegible] 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

JUN 3 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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.