S. No. 2
I—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 27064

Registration District No. 67 Primary Registration District No. 4107 Registrar's No. 37

**1. PLACE OF DEATH:**
(a) County Cedar
(b) City or town El Dorado Springs, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Convelesant Home 4 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Two Weeks (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Cedar 20
(c) City or town Stockton, Mo. (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 CHARLES STROUP
3. (b) If veteran, name war
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Alice M. Stroud
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased February (Month) 2 (Day) 1857 (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 90 | 5 | 29 | hr. min. |

9. Birthplace (City, town, or county) Missouri 1) (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant D W Callon
(b) Address Stockton Mo
17. (a) Stockton (Burial, cremation, or removal) (b) Date thereof Aug. 1, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Stockton, Mo.
18. (a) Signature of funeral director Church & Neale
(b) Address Stockton, Missouri
19. (a) Aug 6 47 (Date received local registrar) (b) J C Brannan (Registrar's signature) 53

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 1 year 1947 hour 9 minute 00 P. M.
21. I hereby certify that I attended the deceased from July 30, 1947, to July 30, 1947; that I last saw him alive on July 30, 1947; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death UREMIA | 6 WKS |
| Due to HYPERTENSIVE CARDIOVASCULAR DISEASE | YEARS |
| Due to | |
| Other conditions FRACTURE NECK OF FEMUR (LEFT) (Include pregnancy within 3 months of death) | |

Major findings:
Of operations NONE
Of autopsy NONE 93 P

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 Hannon L Clayton (M. D. or other) MO
Address El Dorado Springs Mo Date signed 3 August 47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 8-47-106
Date Filed 9-9-47

## 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 C. H. Neale

Licensed Embalmer No. 3335

P. O. Address Stockton

**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.**