

FILED NOV 12 1948

Registration District No. 117

Primary Registration District No. 5435

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town "Rural" Boeuf Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At his home, Owensville Mo. Route I
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 years.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gasconade
(c) City or town "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. Owensville Mo. Route I
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Fritz John Stronghaner

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Catherine Stronghaner 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased June 6 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>4</u>	<u>II</u>	hr. min.

9. Birthplace Gerald Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Agriculture

MOTHER FATHER { 12. Name Jobst Stronghaner
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Louise Bartelsmeyer
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Catherine Stronghaner

(b) Address Owensville Mo. Route I

17. (a) Burial (b) Date thereof Oct. 20 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Methodist Cem. Beamount Mo.

18. (a) Signature of funeral director Wilford H. H. Winters

(b) Address Owensville Mo.

19. (a) 10/19/48 (b) W. H. Winters
(Date received by Registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17
year 1948 hour 5 minute 35 P.M.

21. I hereby certify that I attended the deceased from 10-12, 1948, to 10-17, 1948, that I last saw him alive on 10-16, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Right hemiplegia due to hypertension causing intracranial hemorrhage Duration 5 dys.

Due to _____
Due to _____

Other conditions Arteriosclerosis 4 yrs
(Include pregnancy within 3 months of death)

Major findings: None
Of operations None
Of autopsy None

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) (e) Means of injury _____
While at work? _____

23. Signature Laura B. Brown (M. D. or other) MD
Address Owensville, Mo. Date signed 10-17-48

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

RECEIVED
District Health Officer No. 9,
District No. 100
Case Filed NOV 10 1948

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 *Me*

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Melford H. H. White*
Licensed Embalmer No. *3838*
P. O. Address *Owensville 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.