

FILED MAR 5 1949 STANDARD CERTIFICATE OF DEATH

11200

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

BIRTH NO.		REG. DIST. NO. 371		PRIMARY REG. DIST. NO. 6260		Registrar's No. 7	
1. PLACE OF DEATH a. COUNTY Webster				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Webster 112			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		c. LENGTH OF STAY (In this place) life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION E. Dallas township 1				d. STREET ADDRESS (If rural, give location) E. Dallas township 1			
3. NAME OF DECEASED (Type or Print) a. (First) Clara - - - - -			b. (Middle) - - - - -			c. (Last) Stroud	
4. DATE OF DEATH (Month) (Day) (Year) January - 6 - 49		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	
8. DATE OF BIRTH May 21 - 1874		9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months x		IF UNDER 1 YEAR Days x	
IF UNDER 24 HRS. Hours x		IF UNDER 24 HRS. Min. x		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (State or foreign country) Webster County, Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Sylathel Leonard Holmes		13b. MOTHER'S MAIDEN NAME Sarah Orlena Galbraith		14. NAME OF HUSBAND OR WIFE George W. Stroud			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. x		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lorenia G. Fordland, Mo.			
17. ADDRESS Fordland, Mo.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.					
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, Bronchial						INTERVAL BETWEEN ONSET AND DEATH 2 Days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardio-Vascular Disease						Over Two years	
DUE TO (c) Arteriosclerosis - Generalized.						Several years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cholecystitis, Chronic Bronchial Asthma 44 3 7						Many Years Many Years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) -		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) -		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? -			
22. I hereby certify that I attended the deceased from March 29, 1947, to Jan. 6, 1949, that I last saw the deceased alive on Jan. 6, 1949, and that death occurred at 9 p. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C.R. Macdonnell M.D. (U)				23b. ADDRESS Marshfield, Mo.		23c. DATE SIGNED Jan. 7, 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-8-49		24c. NAME OF CEMETERY OR CREMATORY Pleasant View		24d. LOCATION (City, town, or county) (State) E. Dallas township - Webster Co., Mo.	
DATE REC'D BY LOCAL REG. 2-8-49		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS	

RECEIVED

District Health Officer No. 6;

District File Number 349-197

Date Filed 3-3-49

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 2312

P. O. Address Marshfield, M

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.