

FILED APR 17 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

11721  
Do not use this space.

1. PLACE OF DEATH Miller  
(a) County Registration District No. 561  
(b) Township Franklin Primary Registration District No. 5756  
(c) City Lake Ozark (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
2. PRINT FULL NAME Infant of Norman Strange  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
4. COLOR OR RACE white  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2 - 1940  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 30  
8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Lake Ozark  
(STATE OR COUNTRY) Mo. 0

FATHER 13. NAME Norman W. Strange

14. BIRTHPLACE (CITY OR TOWN) Bagnell  
(STATE OR COUNTRY) Mo. 0

MOTHER 15. MAIDEN NAME Fern Howser

16. BIRTHPLACE (CITY OR TOWN) Bagnell  
(STATE OR COUNTRY) Mo. 0

17. INFORMANT Mrs. Norman W. Strange  
(ADDRESS) Lake Ozark, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE DATE 19

19. FUNERAL DIRECTOR (NAME) Disposed of by  
(ADDRESS) relatives & neighbors

20. FILED Mch 30, 1940 Belle Haynes  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2, 1940

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 3:30 A.M.

The principal cause of death and related causes of importance were as follows:  
Premature birth

Date of onset  
15 1/2

Other contributory causes of importance:  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_

(Signed) E. O. Shelton, M. D.  
(Address) E. Ldon Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAKING RESERVED FOR BINDING

56  
FORM 1-12-38  
1 X 14028

RECEIVED

Miller County Health Dep't.

County File Number 40-40

Date Filed 4-11-40

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**

