

No. 2  
-13-40  
-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **32072**  
Registrar's No. **794**

Registration District No. **316** Primary Registration District No. **2001**

1. PLACE OF DEATH: **GREENE**  
(a) County **GREENE**  
(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1233 Concord**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Greene**  
(c) City or town **Springfield**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1233 Concord**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME **Guy E. Strong**  
(b) If veteran, name war **None**  
(c) Social Security No. **702-07-2284**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Sept** day **28**  
year **1940** hour **3** minute **P.**M.

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Lela Maude Strong** alive **Married** years  
6. (c) Age of husband or wife if **27** years  
7. Birth date of deceased **January 27, 1883**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **about July 1, 1940** to **Sept 28, 1940**  
that I last saw him alive on **Sept 28, 1940**  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Cardiovascular renal disease**  
Due to **(uremia-terminal)**

8. AGE: Years **57** Months **8** Days **1** If less than one day hr. min.

Due to **(uremia-terminal)**  
Other conditions **121**  
(Include pregnancy within 3 months of death)

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

Major findings: **121**  
Of operations  
Of autopsy

10. Usual occupation **Engineer**

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

11. Industry or business **Frisco Railway Co.**

12. Name **Walter H. Strong**  
13. Birthplace **Unknown, Ark. house**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Hays**  
15. Birthplace **Unknown, Ark. house**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lela Maude Strong**  
(b) Address **Springfield, Mo.**

17. (a) **Burial** (b) Date thereof **9-30-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Greenlawn Cemetery, Mo.**

18. (a) Signature of funeral director **Alma J. Janyer**  
(b) Address **Springfield, Mo.**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

19. (a) **Sept. 30, 1940** (b) **W.E. Haudley, M.D.**  
(Date received local registrar) (Registrar's signature)  
address **Springfield, Mo.** Date signed **9/30/40**

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

H

**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.....

*H. L. George*

Registered Apprentice No. *204*

working under my personal supervision.

Signed.....

*E. W. Hester*

Licensed Embalmer No. *14670*

P. O. Address *Spring Field*

**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.

7-2-06