No. 2
11-10-39
-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38867

Registration District No. 408 Primary Registration District No. 3020 Registrar's No. 209

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 118 Locust (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 12 years (years, months or days) 2

DEC 10 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Carthage (If outside city or town limits, write "RURAL")

(d) Street No. 118 Locust (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ELBERT Henry STRONG

3. (b) If veteran, name war World War

3. (c) Social Security No. 702-18-0977

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Estella Strong

6. (c) Age of husband or wife if alive years

7. Birth date of deceased September (Month) 16 (Day) 1895 (Year)

8. AGE: Years 45 Months 1 Days 26 If less than one day hr. min.

9. Birthplace Manchester (City, town, or county) Iowa (State or foreign country)

10. Usual occupation W. P. A.

11. Industry or business 1

FATHER
12. Name Henry Russell Strong
13. Birthplace (City, town, or county) Mass. (State or foreign country)

MOTHER
14. Maiden name Carrie Bruce
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. Estella Strong

(b) Address 118 Locust - Carthage

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 17-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Mo.

19. (a) Nov. 16, 1940 (Date received local registrar) (b) E. J. McIntire, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 12 year 1940 12 hour 30 minute A M.

21. I hereby certify that I attended the deceased from Sept 10 1938, 19 , to Nov 12, 1940 that I last saw him alive on Oct 20, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart

Due to Bad teeth + Army (Life) Shaddered Nerves

Due to

Other conditions (Include pregnancy within 3 months of death) 1

Major findings: Of operations

Of autopsy

Duration

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? 165 (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) 1

Address Carthage Mo. Date signed 11-13-40

(Licensed Embalmer's Statement on Reverse Side)

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 P. W. Kunle

Licensed Embalmer No. 814

P. O. Address Carthage, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.