

No. 2
1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21735

State File No. 2

FILED JUL 19 1941

Registration District No. 378

Primary Registration District No. 2001

Registrar's No. 545

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 1409 N. SHERMAN
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community _____ (years, months or days)

3. (a) PRINT FULL NAME ROY EV STRONG
 3. (b) If veteran, name war WORLD WAR
 3. (c) Social Security No. 500-01-7947

4. Sex MALE
 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced SINGLE
 6. (b) Name of husband or wife None
 6. (c) Age of husband or wife if alive 47 years
 7. Birth date of deceased Nov. 8 1887
 (Month) (Day) (Year)

8. AGE: Years 53 Months 7 Days 27
 If less than one day _____ min.

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

10. Usual occupation Retired Soldier
 11. Industry or business Unable to work

12. Name Walter H. Strong
 13. Birthplace Mt. Pleasant, Iowa
 (City, town, or county) (State or foreign country)

14. Maiden name Mrs. E. Haines
 15. Birthplace Unknown, England
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. S. Carter
 (b) Address Springfield, Mo.

17. (a) Burial national cemetery
 (b) Date thereof July 9-1941
 (City, town, or county) (Month) (Day) (Year)
 (c) Place: burial or cremation

18. (a) Signature of funeral director J. W. King
 (b) Address Springfield, Mo.

19. (a) Date received local registrar 7-9-41
 (b) W. E. Handley
 (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State ILLINOIS
 (b) County JEFFERSON
 (c) City or town WADSWORTH
 (If outside city or town limits, write "RURAL")
 (d) Street No. SOLDIERS HOME
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No) No
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 5
 1941 year 1941 hour 10 minute 00 P. M.
 21. I hereby certify that I attended the deceased from _____ to _____
 that I last saw him alive on July 6 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death heart failure - Chy Myocarditis
 history - had heart for some time
 Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) none
 Major findings: Of operations _____
 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?
 While at work? No (Specify type of place) _____
 (e) Means of injury _____

Signature J. B. Benson
 Address 116 1/2 N. Robinson
 Date signed 7-7-41
 (M.D. or other)

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

JUL 15 1941

JUL 16 1941

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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 Roy A. Lawler
Licensed Embalmer No. 1763
P. O. Address: Springfield Ma

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

If this body is not embalmed, fact should be so stated above.

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