DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1942

Registration District No. 1842.1

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10687

Primary Registration District No. 5398

Registrar's No. 19

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

1. PLACE OF DEATH:

(a) County: Douglas

(b) City or town: Sweden — Walls Tp.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Douglas

(c) City or town: Sweden — Rural
(If outside city or town limits, write "RURAL")

(d) Street No. ____
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME: William H. Strong

3. (b) If veteran, name war ____

3. (c) Social Security No. None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Margaret Strong

6. (c) Age of husband or wife if alive: 70 years

7. Birth date of deceased: November (Month) 19 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	3	17	____ hr. ____ min.

9. Birthplace: Sweden, Missouri (City, town, or county) — U (State or foreign country)

10. Usual occupation: Farming

11. Industry or business: ____

FATHER
12. Name: Wiliam Strong
13. Birthplace: Ky (City, town, or county) — (State or foreign country)

MOTHER
14. Maiden name: Mary Coastin
15. Birthplace: Unknown (City, town, or county) — (State or foreign country)

16. (a) Informant: A. Simmons
(b) Address: Sweden, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-7-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Loftin

18. (a) Signature of funeral director: Friends
(b) Address: ____

19. (a) 3-14-42 (Date received local registrar) (b) Thelma S. Waters (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 year 1942 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov. 1, 1941, to early, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Malignancy (Carcinoma)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy ____

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? ____
While at work? ____ (Specify type of place) (e) Means of injury ____

23. Signature: J. L. Gentry (M. D. or other) U
Address: Ava Mo. Date signed 3-10-42

(Licensed Embalmer's Statement on Reverse Side)

M. P. Hendry

The family did not want the body Embalmed, friends took care of it

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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.....M B Hutchison

Licensed Embalmer No.....3431

P. O. Address.....

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, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

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. 10687

Registration District No. 1071 Primary Registration District No. 5398 Registrar's No.

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Douglas
(c) ~~City or town~~ Rural Wells
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Williams H. Strong
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive Years
7. Birth date of deceased: Nov. (Month) 19 (Day) 1869 (Year)
8. AGE: Years 72 Months 3 Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 4 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Malignancy Carcinoma of Rectum	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature: J. L. Hurley (M. D. ~~or other~~)
Address: Ava Mo Date signed 5-2-42

SUPPLEMENTARY

H 68

S-10687 1942