

FILED MAY 8 1942

645-1079

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Registration District No. ....

Primary Registration District No. ....

1. PLACE OF DEATH:  
 (a) County Ozark  
 (b) City or town Rural - Dawt  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 30 days  
 (Specify whether years, months or days)  
 In this community 30 days  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Ozark  
 (c) City or town Rural Dawt  
 (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 Lillie Celestia Strong  
 3. (b) If veteran, name war -  
 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 4<sup>th</sup> day 6<sup>th</sup>  
 year 1942 hour 10:30 minute 0 M.  
 21. I hereby certify that I attended the deceased from April 5<sup>th</sup>  
1942 to April 6<sup>th</sup>, 1942  
 that I last saw her alive on April 6  
 and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race W  
 6. (a) Single, widowed, married, divorced Single  
 6. (c) Age of husband or wife if alive 18 years  
 7. Birth date of deceased Sept. 18 1927  
 (Month) (Day) (Year)

Immediate cause of death: Intussusception  
 Duration 2 days

8. AGE: Years Months Days If less than one day  
14 6 18 hr. min.

Due to Intussusception  
 fully developed  
 Due to medically  
 Other conditions (Include pregnancy within 3 months of death)  
 Major findings: 12281  
 Of operations  
 Of autopsy

9. Birthplace Ozark County, Missouri  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Student

MOTHER FATHER {  
 11. Industry or business  
 12. Name Sam Strong  
 13. Birthplace Ozark County, Mo.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Martha Smith  
 (City, town, or county) (State or foreign country)  
 15. Birthplace Ozark Co., Mo.  
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Sam Strong  
 (b) Address Gainesville, Missouri  
 17. (a) Burial (b) Date thereof 4/8/42  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Patrick Cemetery  
 18. (a) Signature of funeral director Chickenshead Jr. Home  
 (b) Address Gainesville, Mo.  
 19. (a) 3-6-42 (b) Margaret Hutchinson  
 (Date received local registrar) (Registrar's signature)

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 2  
 23. Signature M. J. Noerman (M. D. or other) DD  
 Address Gainesville, Mo. Date signed 4/6/42

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

77  
60

RECEIVED

District Health Officer No. 6,

District File Number 542-654

Date Filed MAY 7 1942

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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.....

*W.B. Hutchison*

Licensed Embalmer No. 3731

P. O. Address Gainesville, Mo

**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.