

S. No. 2
M-5-42
5-17-39
I X 28

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26394

ED AUG 7 1943
Registration District No. 366

Primary Registration District No. 45-30

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Wernon

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

(c) Name of hospital or institution:
Main St. no numbers
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 57 years (Specify whether years, months or days)

In this community 57 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wernon ¹⁰⁸

(c) City or town Richards ¹¹
(If outside city or town limits, write "RURAL")

(d) Street No. Main St. no numbers
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James T Strong

3. (b) If veteran ✓ name war

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1943 hour 9 minute 3 A.M.

4. Sex Male 5. Color or race Wht

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 1885 years

7. Birth date of deceased: Aug 24 (Month) 24 (Day) 1885 (Year)

21. I hereby certify that I attended the deceased from July 10 1943 to July 14 1943 that I last saw him alive on July 14 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 57 Months 10 Days 20 If less than one day hr. min.

Immediate cause of death: Apoplexy ^{2 weeks}

Due to: Arteriosclerosis

9. Birthplace: Statesbury Mo. (City, town, or county) (State or foreign country)

Other conditions: 83a! (Includes pregnancy within 3 months of death)

10. Usual occupation: Inspector

11. Industry or business: Lumber

Major findings: 83a!

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name: James R Strong

13. Birthplace: Colo Co Mo. (City, town, or county) (State or foreign country)

14. Maiden name: Wesley R Regg

15. Birthplace: Colo Co Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: W. J. Young

(b) Address: Richards Mo.

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? _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 16 1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Richland Cemetery

18. (a) Signature of funeral director: J. J. Cheney

(b) Address: 111 S. Scott Kansas

While at work _____ (Specify type of place) (e) Means of injury 8

23. Signature: W. B. Young (M. D. or other) 7/15

Address: Richards Mo. Date signed: 7/15

19. (a) July 17, 1943 (Date received local registrar) (b) Mrs. W. L. Charles (Registrar's signature)

RECEIVED

District Health Officer No. 7,

District File Number 7-43-769

Date Filed 8-6-43

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

O. Cheney

Licensed Embalmer No. _____

P. O. Address

914 Scott Kansas

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.