

S. No. 2
DM-2-43
v. 5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 8 1946

State File No. **41946**

Registration District No. **240**

Primary Registration District No. **5827**

Registrar's No. **4**

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

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Lewis Township
(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 _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO

(b) County N. Madrid 72

(c) City or town Lewis Township
(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 Charles Strons

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 19 year 45 hour 11 minute 55 A.M.

21. I hereby certify that I attended the deceased from 11-15 1945 to 11-18 1945.
that I last saw her alive on 11-15 1945 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Lat. 6. (a) Single, ~~married~~, divorced, Married

6. (b) Name of husband or wife Carson Strons 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Oct. 3 1910
(Month) (Day) (Year)

Immediate cause of death Ch. Myocarditis

Duration 3 weeks

8. AGE: Years 35 Months 1 Days 15 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions (Includes pregnancy within 3 months of death) _____

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

10. Usual occupation House Wife

11. Industry or business Non.

12. Name Willie Brown

13. Birthplace MO (City, town, or county) (State or foreign country)

14. Maiden name Mary Calhoun

15. Birthplace Miss (City, town, or county) (State or foreign country)

Major findings: Of operations 930

Of autopsy _____

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

16. (a) Informant Carson Strons

(b) Address Wilsons 40

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11. 21 45
(Month) (Day) (Year)

(c) Place: burial or cremation Walton MO

18. (a) Signature of funeral director Willie Brown

(b) Address Wilsons 40

19. (a) 11-24-45 (Data received local registrar) (b) J. J. Ponder Deputy (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 _____

23. Signature Asa Jones M.D. (M. D. or other) _____
Address Morehouse mo Date signed 11-19-45

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 *J. M. Hill*

Licensed Embalmer No. *2627*

P. O. Address. *Lelbair n 490*

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.