

S. No. 2
DM-2-43
v. 5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 22 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34030

State File No. _____

Registration District No. 175

Primary Registration District No. 3036

Registrar's No. 106

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: 28 W Pleasant
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 2 yr
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55

(c) City or town Quora, MO
(If outside city or town limits, write "RURAL")

(d) Street No. 28 W Pleasant
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Wm A Strong

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 8 1902
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

44 6 19 hr. _____ min. _____

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

10. Usual occupation preacher

11. Industry or business _____

12. Name Francis Strong

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

14. Maiden name Francis Hutchinson

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

16. (a) Informant Judith Strong

(b) Address 28 West Pleasant

17. (a) Burial (b) Date thereof 9/21/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill (Quora)

18. (a) Signature of funeral director Oscar A. Marshall

(b) Address Quora, MO

19. (a) Oct 9 46 (b) Oscar A Marshall
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27
year 1946 hour 2 minute 30 P M.

21. I hereby certify that I attended the deceased from Sept 27 to Sept 30 1946
that I last saw him alive on September 30 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of throat

Due to _____

Due to _____

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

Major findings: Of operations H&P

Of autopsy _____

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 A.P. Williams (M.D.) _____
Address Quora, MO Date signed 10-5-46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 1046-1047

Date Filed OCT 15 1946

MAR 17 1948

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.....

[Signature]....., Registered Apprentice No.
working under my personal supervision.

Signed *[Signature]*.....
Licensed Embalmer No. 3812
P. O. Address *[Signature]*

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.