

FILED JUN 6 1947

State File No. _____

Registration District No. 261

Primary Registration District No. 5885

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Ozark
(b) City or town Barren Fork Twp
(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 75 yrs
(Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark
(c) City or town A Willhoit - rural
(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 Mary Ellen Strong

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

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

6. (b) Name of husband or wife James Strong 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased August 15 1871
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 12 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Ramey 9

13. Birthplace unknown (State or foreign country)

14. Maiden name Jane Dunningan (City, town, or county) (State or foreign country)

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

16. (a) Informant George Howard

(b) Address Gainesville, Mo.

17. (a) Burial (b) Date thereof 5-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Loftis Cemetery

18. (a) Signature of funeral director _____

(b) Address Gainesville, Mo.

19. (a) May 10-1947 Mrs. Hattie Warden
(Date received local registrar) (Registrar's signature) 234

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1947 hour 10 minute AM

21. I hereby certify that I attended the deceased from Jan 10 1947 to April 28 1947 that I last saw her alive on April 3 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia 3 1/2 Mo.

Due to Influenza

Due to _____

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

Major findings: Of operations _____

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 M. Hoerway (M. D. or other) DD

Address Gainesville, Mo. Date signed May 7-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 647-626

Date Filed JUN 5 1947

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. 3721

P. O. Address Yamessville 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.