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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28074
Registrar's No. 83

FILED SEP 11 1941

Registration District No. 201

Primary Registration District No. 5280

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Liberty Mo.
(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 1
In this community all his life
years, months or days (Specify whether)

3. (a) PRINT FULL NAME James Stranghter
3. (b) If veteran no name was
3. (c) Social Security No. none

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 6-1888 years
7. Birth date of deceased: Mar. 6-1888
(Month) (Day) (Year)

8. AGE: Years 53 Months 2 Days 26
If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER
12. Name Frank Stranghter
13. Birthplace Liberty Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mary (Daggs)
15. Birthplace Liberty Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jess Stewart
(b) Address N. 5th Station, Liberty, Mo.
17. (a) Burial (b) Date thereof Sept. 5 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Funerary Church - Archer

18. (a) Signature of funeral director Church - Archer
(b) Address Liberty, Mo.
19. (a) Sept 3-41 (b) Helen Early
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Liberty
(If outside city or town limits, write "RURAL")
(d) Street No. N. Prairie
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2nd
year 1941 hour 3:30 minute P.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death suicide by 12 gauge shot gun
Duration

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence Sept. 2nd 1941
(c) Where did injury occur? Liberty Clay Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place)

While at work? _____ (c) Means of injury _____
23. Signature Rev. Prother Coronel (M. D. over)
Address Lyndon Springs mo Date signed 9-2-41

726 (Licensed Embalmer's Statement on Reverse Side)

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

SEP 12 1941

SEP 23 1941

RECEIVED
District Health Officer No. 8
District File Number 9-9-41
Date Filed

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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.