MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D JUL 25 1938

23158
Do not use this space.

1. PLACE OF DEATH
(a) County Vernon
(b) Township Washington
(c) City Nevada
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 875
Primary Registration District No. 3039
Registered No. 164

2. PRINT FULL NAME Anna Martha Strange
(a) Residence, No. Nevada, Mo. St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Levi S. Strange

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1, 1876

7. AGE: Years 61 | Months 8 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1925
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Wisconsin

FATHER
13. NAME Allen McVey
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Pennsylvania

MOTHER
15. MAIDEN NAME Eliza Bridenstein
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany

17. INFORMANT Levi S. Strange
(ADDRESS) Nevada, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Newton Cemetery DATE July 3, 1938

19. FUNERAL DIRECTOR Ferry Funeral Home
(ADDRESS) Nevada, Missouri.

20. FILED 7-5, 1938 Allen V. Hays
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:30 P.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Acute cardiac failure
Chronic arthritis
Anemia
Contributory causes of importance:
arthritis and anemia
92 Dr

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) H. A. Lemasley, M. D.
7-5 (Address) Nevada, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Lloyd R. Winscott, Licensed Embalmer No. 3857

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Lloyd R. Winscott

Licensed Embalmer No. .....

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.)