REC'D JUL 13 1939

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

22397
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper — Registration District No. 412

(b) Township — Primary Registration District No. 4244 — Registered No.

(c) City Neck City — (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 365 Anna Olive Strong

(a) Residence, No. Neck City, Missouri St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF x

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1, 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	65	0	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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)
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beaver, Dam Indiana

FATHER
13. NAME Sampson Strong
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg Pennsylvania

MOTHER
15. MAIDEN NAME Christiana Swineheart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stark County Ohio

17. INFORMANT (ADDRESS) Mrs. Laura Paxson Neck City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Paradise Cemetery DATE 6-30-39 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ulmer Carthage

20. FILED 6/29 1939 Charles E Grafe Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1939, to June 28, 1939
I last saw her alive on June 28, 1939 Death is said to have occurred on the date stated above, at 4:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	?
Tricuspid insufficiency	
Mitral insufficiency	

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Other contributory causes of importance:
Arteriosclerosis
Pericarditis with effusion

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

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) Hobart L Berry, M. D.
373 (Address) Alba 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.

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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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.