No. 2
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APR 23 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12656

State File No.

Registration District No. 852 Primary Registration District No. 4518 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Milan, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: — 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether years, months or days)

In this community — 215

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan

(c) City or town Milan.
(If outside city or town limits write "RURAL")

(d) Street No. —
(If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Jane M. Strong.

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race W.

6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife Robert M. Strong

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased August (Month) 1 (Day) 1850 (Year)

8. AGE: Years 89 Months 5 Days 13 If less than one day hr. min.

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

10. Usual occupation at home.

11. Industry or business —

FATHER
12. Name John Meadows
13. Birthplace — Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Quinn.
15. Birthplace — Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Mrs R. B. Ash.
(b) Address Milan, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 17 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Oakwood Cem.

18. (a) Signature of funeral director C. A. Schoene
(b) Address Milan, Mo.

19. (a) April 1 1940 (Date received local registrar) (b) Cleo Hagan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1940 hour 10 minute 45 a. M.

21. I hereby certify that I attended the deceased from Feb. 14, 1940, to March 14, 1940; that I last saw her alive on March 12, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of femur. — Duration 1 Mo.

Due to Fall

Due to

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

Major findings:
Of operations 0
Of autopsy 0

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) accident
(b) Date of occurrence Feb. 14, 1940
(c) Where did injury occur? her home Milan 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? no (e) Means of injury fall.

23. Signature J. S. Montgomery (M. D. or other)
Address Milan, Mo. Date signed April 1 1940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-40-794
Date Filed APR 10 1940

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~~ Frank D. Schoene, Registered Apprentice No. ..... working under my personal supervision.

Signed Frank D. Schoen

Licensed Embalmer No. 2016

P. O. Address Milan, W

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

If this body is not embalmed, above space should be left blank.