. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23076

Registration District No. [illegible] JUL 15 1940 Primary Registration District No. 6162 Registrar's No. 158

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural (Washington) Tw 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital #3 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 hours (Specify whether
In this community 27 hours
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon

(c) City or town Rural (Washington)
(If outside city or town limits, write "RURAL")

(d) Street No. State Hosp. #3
(If rural, give location)

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

3. (a) PRINT FULL NAME John C Strine 3/60

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife DK

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 75+ | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Benton County 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer Mo

11. Industry or business " 9

FATHER
12. Name Unknown 9
13. Birthplace " (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant Hosp Records
(b) Address St. Hosp # 3 Nevada, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation St Hosp. Cemetery

18. (a) Signature of funeral director Ferry Funeral Home
(b) Address Nevada, Mo

19. (a) 6-28-40 (Date received local registrar) (b) Allen V. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1940 hour 6 minute 10 M.

21. I hereby certify that I attended the deceased from 6/22/40, 1940 to 6/23, 1940
that I last saw him alive on 6/23, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	20 hrs
Due to Gen. Arteriosclerosis	
Due to Senility	
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)
(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? 795 (Specify type of place)
While at work? (e) Means of injury

23. Signature Thos A Hopkins (M. D. or other)
Address Nevada Mo Date signed 6/23

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-40-1040
Date Filed 7-9-40

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~~ personall

....., Registered Apprentice No.....

working under my personal supervision.

Signed Lloyd R. Winnott

Licensed Embalmer No. 3857

P. O. Address Yuba, Mo.

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

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