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FILLED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17126
State File No. 1788
Registrar's No.

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kaw Twp
(c) Name of hospital or institution St Joseph Hospital
(d) Length of stay: In hospital or institution 4 months
In this community 4 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) Oklahoma
(c) City or town R.T.D.
(d) Street No. 34
(e) If foreign born, how long in U. S. A. 2 years

3. (a) PRINT FULL NAME John A. Stringer

3. (b) If veteran name war
3. (c) Social Security No. no

4. Sex M Color W
5. Color or race W
6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Oct-12-1873
(Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 23
If less than one day hr. min.

9. Birthplace Dahlonega Georgia
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name J. Stringer

13. Birthplace N. Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Gregory
(City, town, or county) (State or foreign country)

15. Birthplace Georgia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Webb
(b) Address
17. (a) Removal (b) Date there May 6-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Casin Oklahoma
18. (a) Signature of funeral director R. B. Bumb
(b) Address Oak Grove Mrs

19. (a) May 5 1941 M. H. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 5 year 1941 hour 7 minute 30 AM

21. I hereby certify that I attended the deceased from 11/30 1941 to 5/5 1941
that I last saw him alive on 5/4 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
" Nephritis

Due to Pellagra 12 1/2 %
Due to Hyper trophy Prostate

Other conditions (Include pregnancy within 3 months of death) 69

Major findings: Of operations
Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature M. H. Brown (M. D. or other) OMA
Address 10307 Dupuy Date signed 5/5/41

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

MOTHER FATHER

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..... *R. B. Webb*

Licensed Embalmer No. *2353*

P. O. Address..... *Oak Grove Dr*

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.