

FILED APR 3 1942

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 211

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
515 WEST POPULAR
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community 4 yrs
years, months or days)

3. (a) PRINT FULL NAME NANCY STRONG

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife ROE STRONG 6. (c) Age of husband or wife if alive DECEASED years
7. Birth date of deceased JULY 28 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 18 If less than one day hr. _____ min. _____

9. Birthplace DOUGLAS CO. MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name WILLIAM PAYNELL
18. Birthplace NOT KNOWN UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name REBECCA DYE
15. Birthplace DOUGLAS CO. MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Edmer Strong
(b) Address 216 EAST MADISON SPRINGFIELD

17. (a) RURAL (b) Date thereof MARCH 17 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MANSFIELD CEM.

18. (a) Signature of funeral director J. A. Stiffe

(b) Address MANSFIELD MO.

19. (a) 3-16-42 (b) B. W. Dandley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GREENE 039
(c) City or town SPRINGFIELD 6
(If outside city or town limits, write "RURAL")
(d) Street No. 515 WEST POPULAR
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 16
year 1942 hour 4 minute 5 A.M.

21. I hereby certify that I attended the deceased from 3-8 1942 to 3-16 1942
that I last saw her alive on 3-15 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia Duration 7 days

Due to 330
Due to _____

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

PHYSICIAN _____
Major findings: _____
Of operations: _____
Of autopsy: _____
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? _____

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

23. Signature C. S. Feller (M. D. or other) _____
Address Springfield Mo. Date signed 3/16/42

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

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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 J. A. Steffe

Licensed Embalmer No. 3221

P. O. Address Manfield Mo

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.

X