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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 10 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15760

Registration District No. 366 Primary Registration District No. 4536. Registrar's No. 26.

110
1
0

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

1. PLACE OF DEATH:

(a) County Washington

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington 110

(c) City or town Potosi 0 (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Opal J Stringer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Child 0

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 24 (Day) 1942 (Year)

8. AGE: Years | Months 9 | Days 20 | If less than one day hr. min.

9. Birthplace Potosi (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Hubert Stringer
13. Birthplace Palmer (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Mildred Lachance
15. Birthplace St Esther (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Hubert Stringer

(b) Address Potosi Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 16 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Potosi

18. (a) Signature of funeral director C S Sparks

(b) Address Potosi Mo

19. (a) 5-2-1943 (Date received local registrar) (b) Joseph L. Thurman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 15 year 1943 hour 1 minute 0 M.

21. I hereby certify that I attended the deceased from March 10 1943, to Mar 15 1943, that I last saw her alive on March 14 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Whooping Cough followed by

Due to Anemia followed by

Due to Bronchial Pneumonia

Meningitis

Other conditions following (Include pregnancy within 3 months of death) above diseases

Major findings:
Of operations 9

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature G Kressell (M. D. or other)

Address Potosi Mo Date 3/22/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 543-2219

Date Filed 5-8-43

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, fact should be so stated above.