

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Rural Grancy Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Neosho, Mo. R#5
(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: 73

(a) State Missouri (b) County Newton 0

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

(d) Street No. Neosho, Mo. R#5
(If rural, give location)

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

If yes, name country -- 0

3. (a) PRINT FULL NAME Della Lucille Strong

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

4. Sex Female / race W 5. Color or _____

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

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

7. Birth date of deceased March 21 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

51 2 28 hr. _____ min.

9. Birthplace Delaware Co. Oklahoma /
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

MOTHER FATHER {

12. Name Francis Marion Council

13. Birthplace Ill /
(City, town, or county) (State or foreign country)

14. Maiden name Percilla Morris

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

16. (a) Informant Edgar B. Sprague

(b) Address Neosho, Mo. R#5

17. (a) Burial (b) Date thereof June 14 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dice Cem. Fayette

18. (a) Signature of funeral director Wm. M. Jones

(b) Address Wheaton, Mo.

19. (a) July 10 43 (b) Paul Forward
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 43 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 1
1943 to June 12 1943
that I last saw her alive on June 11 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pelvic Carcinoma 2 years
Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 552

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? 0

While at work? _____ (Specify type of place) (e) Means of injury 7/90

23. Signature M.A. Chester (M. D. or other) D.O.

Address Grandy Missouri Date signed 6/14/43

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

73
00

1149

Date received JUL 15 1943

File no. 743-135

JUL 15 1943

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 Wm. Marcus Payne

Licensed Embalmer No. 3442

P. O. Address Wheaton, 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, fact should be so stated above.