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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23528

FILED AUG 13 1945

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 811

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Mathodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Doniphan 999
(c) City or town Troy 14
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Anna Louise Strong
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 divorced
6. (b) Name of husband or wife Louis Strong
6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased March (Month) 26 (Day) 1864 (Year)

8. AGE: Years 81 Months 3 Days 18 If less than one day hr. min.

9. Birthplace Troy (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Henry Boder
13. Birthplace Mt. Eaton (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Anna Zimmerman
15. Birthplace Frederick City, (City, town, or county) Maryland (State or foreign country)
16. (a) Informant Louis Strong
(b) Address Troy, Kansas
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 14 July 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Troy, Kansas
18. (a) Signature of funeral director E. L. Karr
(b) Address Troy, Kansas
19. (a) 7-14-45 (Date received local registrar) (b) Helen I Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1945 hour 2 minute 40 A M.
21. I hereby certify that I attended the deceased from 7-7-45, 19, to 7-14-45, 19;
that I last saw her alive on 7-13-45, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of hip (neck of femur)
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
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) accident 136
(b) Date of occurrence 7-13-45
(c) Where did injury occur? her home - Troy, Kansas (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)
While at work? no (e) Means of injury Fall
23. Signature Paul Forgrave (M. D. or other)
Address St Joseph Mo Date signed 7-13-45

1377 (Licensed Embalmer's Statement on Reverse Side)

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. Earl E. Clark

Licensed Embalmer No. 4235

P. O. Address St. Joseph 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.