

S. No. 2
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5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10100

State File No. _____
Registrar's No. 16

Registration District No. 236

Primary Registration District No. 4352

1. PLACE OF DEATH:

(a) County Morgan

(b) City or town Versailles
(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 Life Time
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 71

(c) City or town Versailles 1
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country _____

3. (a) PRINT FULL NAME Ellen Stringer

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 th
year 1947 hour 2 minute 00 p.m.

21. I hereby certify that I attended the deceased from March 9, 1947 to March 14, 1947
that I last saw her alive on March 14, 1947
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife Grant Stringer

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

7. Birth date of deceased Oct. 17 1870
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis Duration _____
duration, 8 days

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

76	4	27	hr. _____ min.
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Due to arterial sclerosis, unknown duration

Due to _____

9. Birthplace Camden Co. Missouri
(City, town, or county) (State or foreign country)

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

10. Usual occupation At Home

Major findings:
Of operations _____
Of autopsy 94A

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name James Phillips

13. Birthplace No Record Ky. 1
(City, town, or county) (State or foreign country)

14. Maiden name Sarah McFarland

15. Birthplace No Record Tenn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Royce Moser

(b) Address Versailles, Missouri

17. (a) Burial (b) Date thereof March 16-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Versailles, Cemetery

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? _____

18. (a) Signature of funeral director [Signature]

(b) Address Versailles, Missouri

19. (a) 3-22-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

23. Signature [Signature] (M. D. or other) _____
Address Versailles, Mo Date signed 3/16/47

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

RECEIVED
District Health Officer No. 7,
District File Number 2-47-303
Date Filed 3-24-47

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 *H. T. Adwell*
Licensed Embalmer No. 1596
P. O. Address *Versailles 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.