

Registration District No. 128Primary Registration District No. 2000Registrar's No. 559

1. PLACE OF DEATH:

(a) County Greene
Springfield
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
927 S. Clay /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community 1 year years, months or days)

3. (a) PRINT FULL NAME Mary Stranahan3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James Stranahan 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased. Sept 21 1372
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>74</u>	<u>9</u>	<u>0</u>		hr. min.

9. Birthplace Flora Ind.
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

12. Name George Tidrick
13. Birthplace Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Hannah Flora
15. Birthplace Flora Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. James Stranahan(b) Address Springfield, Missouri17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/47
(Month) (Day) (Year)(c) Place: burial or cremation Flora, Indiana18. (a) Signature of funeral director Gorman-Scharpf Funeral Home
(b) Address Springfield, Missouri19. (a) 6-23-47 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield, 2
(If outside city or town limits, write "RURAL")
(d) Street No. 927 S. Clay 6
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21,
year 1947 hour 1:50 minute P. M.21. I hereby certify that I attended the deceased from 6-5, 1947, to 6-21, 1947;
that I last saw her alive on 6-19, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinomatosis

Duration

25
mos

Due to _____

Due to _____

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

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be attributed

ADDITIONAL INFORMATION REQUESTED

22. If death was due to external causes, fill in the following INFORMATION REQUESTED

(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? _____

23. Signature Bruce Lemmon (Specify type of place) _____
(e) Means of injury _____Address Springfield Mo Date signed 6-23

JUL 23 1967
JUL 23 1967

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 Lewis G. Schaff

Licensed Embalmer No. 3862

P. O. Address Springfield

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.

Registration District No. 128 Primary Registration District No. 2000

1. PLACE OF DEATH: Greene Springfield
(a) County
(b) City or town
(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
In this community _____
years, months or days

3. (a) PRINT FULL NAME Mary Strasshan
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 M

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

7. Birth date of deceased Sept 21 1907
(Month) (Day) (Year)

8. AGE: Years 74 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

{ 13. Birthplace _____
(City, town, or county) (State or foreign country)

{ 14. Maiden name _____

{ 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____
(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 _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ Day _____
year 1977 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____
to _____
that I last saw him _____ alive on _____
and that death occurred on the date and hour stated above.
Immediate cause of death Carcinomatous

Due to Carcinoma of colon
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 46 E
Of operations _____
Of autopsy _____

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 Bruce Lemmon M. D. _____
Address Springfield, Mo. Date signed 7-16-77

Duration SEV. mos.
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

SUPPLEMENTARY

S-20623