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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28427

State File No. _____

Registration District No. 236

Primary Registration District No. 5818

Registrar's No. 45

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

1. PLACE OF DEATH:

(a) County Morgan

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

(c) Name of hospital or institution:
3 Miles South of Versailles, Mo.
(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
years, months or days

3. (a) PRINT FULL NAME CLARENCE LEONARD STRINGER

3. (b) If veteran, name war World War 1

3. (c) Social Security No. 499-10-0525

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary France Nevis

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Dec 22 1893
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	8	12	_____ hr. _____ min.

9. Birthplace Morgan Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Nathan Stringer

13. Birthplace Unknown Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Martha C. Henderson

15. Birthplace Vernon County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mary France Stringer

(b) Address Versailles, Mo.

17. (a) Burial (b) Date thereof Sept 5 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Versailles Cemetery

18. (a) Signature of funeral director H. F. Washburn

(b) Address Versailles, Missouri.

19. (a) 9-6-47 (b) J. L. Washburn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan

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

(d) Street No. 3 Miles South of Versailles, Mo.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 3 th
year 1947 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) G. H. P.

Major findings: Of operations _____

Of autopsy _____

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 Sept. 3, 1947.

(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 Coronary

23. Signature Beich, L. Pederns (M. D. or other) 3
Address Versailles Mo. Date signed Sept 5, 1947.

DEC 3 1947

Date Filed
District File Number 9-8-47
District Health Officer No. 7, 8-47-1052
RECEIVED

NOV 8 1947

AUG 4 1950

SEP 11 1947

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 *E. F. Gehring*

Licensed Embalmer No.....1596.....

P. O. Address. Versailles, Missouri.

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.