S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 28 1948
Registration District No. 101

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5413

State File No. 12029
Registrar's No. 15

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Sweden Rual Walls
(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 1 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34
(c) City or town Sweden Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Margaret Strong
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Wm. Henry Strong
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 26, 1871 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	10	29	hr. min.

9. Birthplace Wright County, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Jerry Loftin 1
13. Birthplace North Carolina (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Caroline Morris
15. Birthplace North Carolina 1 (City, town, or county) (State or foreign country)
16. (a) Informant Lottie Strong
(b) Address Sweden, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation Loftin
18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri
19. (a) 3-31-48 (Date received local registrar) (b) Vestal Bushman (Registrar's signature) 94

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1948 hour 7 minute 15 A. M.
21. I hereby certify that I attended the deceased from June 4, 1947, to only, 19..., that I last saw her alive on June 4, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death I do not know the indiate cause as it has been so long since I saw her. She had at that time disease of heart mitral stenosis

Due to
Due to
Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

92 B

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature J. L. Gentry (M. D. or other)
Address Ava Mo. Date signed 3-27-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 448-508
Date Filed APR 26 1948

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 Charles R. Fish Registered Apprentice No. 45 working under my personal supervision.

Signed W B Hutchison

Licensed Embalmer No. 3431

P. O. Address Ava 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.