

0540

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4270 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lafayette</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Dover</u>		c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Dover</u>		d. STREET ADDRESS (If rural, give location) <u>0540</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED a. (First) <u>JAMES</u> b. (Middle) <u>STRONG</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>August 7, 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Sept 2, 1889</u>	9. AGE (In years last birthday) <u>64-11-5</u>	10. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) <u>Farmer-Labor</u>
10a. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) <u>Farmer-Labor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Labor</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hodge Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Strong</u>		13b. MOTHER'S MAIDEN NAME <u>Lizzie Carey</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or date of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Minor</u> ADDRESS <u>Dover Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Alcoholism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>3220</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8/7, 1954</u> to <u>8/7, 1954</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>8/7, 1954</u> , and that death occurred at <u>2 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Edw. A. W. W. W.</u> (Degree or title)			23b. ADDRESS <u>Waverly</u>		23c. DATE SIGNED <u>8/9/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 10, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dover Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dover Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Aug 10 - 1954</u>	REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>	154- <u>50</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Bernard H. Beck</u>	ADDRESS <u>Manhattan Mo</u>	

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

AUG 19 19...

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed George H. Brown

Licensed Embalmer No. 4370

P. O. Address W. Marshall Williams

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.