

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2252

Registration District No. 201 Primary Registration District No. 5280 Registrar's No. 12

1. PLACE OF DEATH:  
(a) County Clay  
(b) City or town Liberty  
(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 Home 10 years  
years, months or days

3. (a) PRINT FULL NAME Eliza Strong  
(b) If veteran, name war no (c) Social Security No. no

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Sallie Strong 6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased June 17-1879  
(Month) (Day) (Year)

8. AGE: Years 61 Months 7 Days 2 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Miles Strong  
13. Birthplace Mon  
(City, town, or county) (State or foreign country)

14. Maiden name Verona Waldron  
15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Floyd Coother  
(b) Address 414 N. Gallatin Liberty, Mo

17. (a) Burial (b) Date thereof July 21-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Foreign Liberty, Mo

18. (a) Signature of funeral director Edmund Archer Co  
(b) Address Liberty, Mo

19. (a) Jan 20-41 (b) Robert Early  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Clay  
(c) City or town Liberty  
(If outside city or town limits, write "RURAL")  
(d) Street No. 231 S. Main  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19  
year 1941 hour 11 minute 10 A.M.

21. I hereby certify that I attended the deceased from June 28, 1940 to Jan 19, 1941;  
that I last saw him alive on Jan 19, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bronchitis  
(N. not demonstrated after many trials)  
Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Central Hemiplegia  
(Include pregnancy within 3 months of death)  
10 years ago, Hemiplegia from that

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration 2 years or more

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 \_\_\_\_\_  
(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 Wm. H. Goodson (M. D. or other) \_\_\_\_\_  
Address Liberty, Mo. Date signed 12/2/41

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 2-12-41

### 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

Edgar Archer

Licensed Embalmer No.

3311

P. O. Address

Liberty, 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, above space should be left blank.