

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

24634
3046

1. PLACE OF DEATH
 County Jackson Registration District No. _____
 Township Haw Primary Registration District No. _____
 City Kansas City (No. 5930 Swope Park Hwy. St. _____ Ward _____)

2. FULL NAME Richard Charles Stripp
 (a) Residence. No. 5930 Swope Park Way St. 16 Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. _____ mos. _____ ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hester Stripp

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 11 - 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 6 0

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired Contractor
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) New Haven
 (STATE OR COUNTRY) Conn.

10. NAME OF FATHER August Paul Stripp

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Amelia Schuff

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY) _____

14. INFORMANT Mrs Hester Stripp
 (Address) 5930 Swope Park Way

15. FILED 7/12/29 M. M. Crowl
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12, 1929
 17. I HEREBY CERTIFY, That I attended deceased from April 12, 1929 to July 11, 1929 that I last saw him alive on July 11, 1929, and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coronary disease

9AB
93D (duration) 10 yrs. 3 mos. 3 ds.
 CONTRIBUTORY myocardial insufficiency
 (SECONDARY) (duration) 10 yrs. 3 mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS Observation
 (Signed) W. L. Strickland, M. D.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Memorial Park DATE OF BURIAL July 13, 1929
 20. UNDERTAKER Mrs. C. L. Forster ADDRESS 918 Brooklyn

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Dr. Pinkerton
August 13/49