

S. No. 2  
-11-10-39  
v. 5-17-1941  
p. 1-1-1941

JAN 10 1941  
Registration District No. 399

Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Luke's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 Days  
(Specify whether  
In this community 39 Years  
years, months or days)

3. (a) PRINT FULL NAME Mrs. Mary Johnson Strickler  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Female race White  
5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Mr. Jacob N. Strickler  
6. (c) Age of husband or wife if alive 27 years  
7. Birth date of deceased April 27 1914  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 7 22 hr. min.

9. Birthplace Washington, Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

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

MOTHER FATHER { 12. Name Thomas Johnson  
18. Birthplace Indiana  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Martha Ailman  
15. Birthplace Davies County, Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Major J. J. Strickler  
(b) Address 636 West 68th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 21, 1940  
(Month) (Day) (Year)  
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Newsome's Sons  
(b) Address 1401 Brush Creek Blvd.

19. (a) 12-21-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. Brookside Hotel-54th&Brookside  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 19th  
year 1940 hour 1 minute 10 P.M.  
21. I hereby certify that I attended the deceased from 1930  
\_\_\_\_\_, 19\_\_\_\_, to Dec 19, 1940;  
that I last saw her alive on Dec 19, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia  
Duration 14 days

Due to 4/13  
Due to \_\_\_\_\_

Other conditions Bronchiectasis - Coronary Sclerosis 10+ yrs  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy Confined clinical diagnosis  
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? 361  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature James H. Doughty (M. D. or other) \_\_\_\_\_  
Address 315 Alameda Road Date signed 12-20-40

201 Oregon Mutual Burial

**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 Ernie M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C 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.**