

No. 2  
4-13-40  
5-17-39  
PI X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
APR 21 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

9576  
385

State File No. ....

Registrar's No. ....

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  
(c) Name of hospital or institution: 3401 Central  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 Years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Mattie B. Strother  
(b) If veteran, name war NO  
(c) Social Security No. NONE

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Lyman T. Strother  
6. (c) Age of husband or wife if alive - years  
7. Birth date of deceased April 15, 1849  
(Month) (Day) (Year)

8. AGE: Years 91 Months 10 Days 24  
If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Oliver Bartmess  
13. Birthplace Indiana  
(City, town, or county) (State or foreign country)  
14. Maiden name Sally Clark  
15. Birthplace Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Dwight L. Strother  
(b) Address 8711 Oak Street

17. (a) No Removal (b) Date thereof 3-10-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nowata, Oklahoma

18. (a) Signature of funeral director Freeman Mortuary  
Kansas City, Missouri

(b) Address  
19. (a) Mar 10 1941 (b) M. M. Crow  
(Date received local registrar) (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. 3401 Central  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 8  
year 1941 hour 7 minute 15 A.M.  
21. I hereby certify that I attended the deceased from July 15  
1938 to March 8, 1941  
that I last saw her alive on March 8, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast

Due to 56 SD

Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death) 3 yrs

Major findings: Of operations Carcinoma of Breast (1938)  
Of autopsy None

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? \_\_\_\_\_

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While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury 0  
23. Signature Remoth G. Stone (M.D. or other) M.D.  
Address 3301 W. 10th Date signed 3-9-41

*The. Thomas*  
*3228 Euclid*

**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 *Clarence W. Childs*  
Licensed Embalmer No. *3473*  
P. O. Address *76 e No.*

**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.**