V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

13564

State File No.

Registration District No. FILED MAY 14 1942

Primary Registration District No. 1002

Registrar's No. 1772

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:
206 West 62nd Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---
(Specify whether
In this community 1 Year 7 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 206 West 62nd Street 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country ---

3. (a) PRINT FULL NAME Mr. Adam C. Strouse

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Catherine Ann Strouse

6. (c) Age of husband or wife if alive years

7. Birth date of deceased October (Month) 6 (Day) 1866 (Year)

8. AGE: Years 75 Months 6 Days ~~29~~ 28 If less than one day hr. min.

9. Birthplace Greshit County (City, town, or county) Michigan (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retiredn- 18 Years

FATHER
12. Name William Strouse
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant J. George Peterson
(b) Address 206 W. 62nd St. Kansas City, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 5, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Princeton, Indiana

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

19. (a) 5-5-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th year 1942 hour 3 minute 36 P. M.

21. I hereby certify that I attended the deceased from April 1, 1941, to May 4, 1942; that I last saw him alive on May 4, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Degeneration	3 years
Due to: Gangrene of the Leg	5 months
Due to: Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death) 93D	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature John K. Caldwell (M. D. or other) MD

Address Kansas City Mo Date signed 5/5/42

"30"

(Licensed Embalmer's Statement on Reverse Side)

Mr. John Caldwell
636 Argyle Bldg.
2:30 P.M.

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 H. O. Newcomer Jr

Licensed Embalmer No. 4043

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, fact should be so stated above.