

FILED JAN 11 1943

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **4974**

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:
3510 Warwick Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **unknown.** years, months or days

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. **3510 Warwick Blvd.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

48
30

3. (a) PRINT FULL NAME **Albert Lynn Strong**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 27, 1872**
(Month) (Day) (Year)

8. AGE: Years **70** Months **7** Days **4** If less than one day
hr. min.

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

10. Usual occupation **Real Estate, Retired**

11. Industry or business

MOTHER FATHER { 12. Name **Junius P. Strong**
13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Florence Moore**
15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J. J. Condon**

(b) Address **3711 Wyandotte**

17. (a) **Burial** (b) Date thereof **1-4-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City, Mo.**

19. (a) **12-31-42** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **31** year **1942** hour **4:30** minute **0** M.

21. I hereby certify that I attended the deceased from **July 8, 1942** to **Dec 31, 1942**
that I last saw him alive on **Dec 31, 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Toxic Gitter**
pernicious anemia
and broken coronary artery
of heart
and General Anasarca

Duration **2 1/2** years

Other conditions **Sclerotic arteries**
(Include pregnancy within 3 months of death)

Major findings: Of operations **✓** **63 B**
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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **E. B. Ringer** (M. D. or other)
Address **520 Lytle Blvd** Date signed **1/8/43**

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

*Copy 1780
by [unclear]
not [unclear]*

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, by

....., Registered Apprentice No.

working under my personal supervision.

Signed Clarence W. Phillips

Licensed Embalmer No. 3473

P. O. Address Ke e 300

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.