S. No. 2
-11-10-39
5-17-39
PI X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 5 1943

Registration District No. 149

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5520

Registrar's No. 1010

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2044 Holly / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 Years (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City 8 (If outside city or town limits, write "RURAL")

(d) Street No. 2044 Holly (If rural, give location)

(e) If foreign born, how long in U. S. A.? 8 years.

3. (a) PRINT FULL NAME MAUDE E. STRADFORD

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe.

5. Color or race White

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

6. (b) Name of husband or wife Jefferson J.

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased July 18, 1879 (Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 6 If less than one day hr. min.

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

10. Usual occupation Homemaker

11. Industry or business None

FATHER
12. Name Jacob Post
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Bradshaw
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Georgia Weaver

(b) Address 909 W. 14th St.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 27, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, Inc

(b) Address 2825 Indep. Blvd., K. C. Mo.

19. (a) 2-26-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24 year 1943. hour minute M.

21. I hereby certify that I attended the deceased from 1/27/43, 19__, to Feb. 24, 1943, 19__; that I last saw her alive on 2/23/43, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis

Due to Generalized Arterio-Sclerosis

Due to 9.3 D

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 [signature] (M. D. or other)

Address 1401 S. W. Blvd. K.C.K. Date signed 2/26/43

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.