S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1943

Registration District No. 1779

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

9318

State File No. 1542

Registrar's No.

**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: General Hospital No. 2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2-18-43-3-26-43 (Specify whether
In this community 30 years
years, months or days)

**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. 1115½ Campbell
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME MARTHA (MATTIE) STROUD

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race Negro 3

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive about 63 years

7. Birth date of deceased December (Month) 25 (Day) 1883 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 59 | 3 | 1 | hr. min. |

9. Birthplace (City, town, or county) Texas 1 (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Sam Turner
13. Birthplace (City, town, or county) Ark. 1 (State or foreign country)

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

16. (a) Informant Record Clerk
(b) Address General Hospital No. 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-43 (Month) (Day) (Year)
(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director E. Sterling Bills
(b) Address 1212 Vine, H.E. Mo.

19. (a) 3-30-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 26 year 1943 hour 12:25 minute P. M.

21. I hereby certify that I attended the deceased from February 18, 1943, to March 26, 1943; that I last saw her alive on March 26, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Carcinomatosis

Due to Primary adenocarcinoma of left breast

Due to 50

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.)
Address Gen. Hosp. #2-600 E. 22 Date signed 3-29-43

(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. 3178,

working under my personal supervision.

Signed E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1212 mile H

**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.**