

FILED AUG 6 1949/49

Registration District No.

Primary Registration District No. 1002

3083

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

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:
2420 East 72nd Street, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO. (Specify whether
In this community 50 years,
years, months or days)

3. (a) PRINT FULL NAME Mrs. Agnes Sands Strecker,

3. (b) If veteran, name war no. 3. (c) Social Security No. NO.

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife August Joseph Strecker 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased February 28 1877
(Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 15 If less than one day 16 hr. min.

9. Birthplace England (City, town, or county) (State or foreign country) 4

10. Usual occupation at home.

11. Industry or business X

12. Name Joseph Molineux,

13. Birthplace England, (City, town, or county) (State or foreign country) 4

14. Maiden name Maclida Veatch

15. Birthplace England (City, town, or county) (State or foreign country) 4

16. (a) Informant John V. Sands,

(b) Address 110 W. 65th Terrace, K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-43 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 7-13-43 (b) D. E. Brown (Date received local registrar) (Registrar's signature)

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") 8
(d) Street No. 2420 East 72nd Street,
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country X 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th
year 1943 hour 10:30 minute a. M.

21. I hereby certify that I attended the deceased from July 10 1943 to July 13 1943
that I last saw h. alive on July 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death General
Carcinomatous Duration 8mo

Due to Primary site not determined

Due to 532

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy no 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)
23. Signature D. E. Brown (M. D. or other)
Address 714 Prospect, K.C., Mo. date signed 7-13-43

W. L. G. Potter
Prof. Beck

Dr. L. G. Potter

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.....
[Signature]

Licensed Embalmer No. *1415*

P. O. Address. *[Signature]*

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.