

S. No. 2
M-2-43
5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37525**
Registrar's No. **4748**

FILED DEC 5 1943/49
Registration District No. _____

Primary Registration District No. **1002**

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:
Home 1810 Kensington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... **26 years** (Specify whether
In this community... **26 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State... **Mo** (b) County... **Jackson**
(c) City or town... **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No... **1810 Kensington**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country... **1**

3. (a) PRINT FULL NAME **Cora J. Strickler**

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

4. Sex **Female** 5. Color or race... **W** 6. (a) Single, widowed, married, divorced... **Widow**

6. (b) Name of husband or wife... **Deceased Jacob** 6. (c) Age of husband or wife if alive... years

7. Birth date of deceased... **Feb. 2nd, 1875**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 9 5 hr. min.

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

10. Usual occupation... **Housewife**

11. Industry or business... **Home**

12. Name... **Henry Boyer**

13. Birthplace... **Maryland** (City, town, or county) (State or foreign country)

14. Maiden name... **Anna Rosenstock** (City, town, or county) (State or foreign country)

15. Birthplace... **Maryland** (City, town, or county) (State or foreign country)

16. (a) Informant... **Mrs Berenice Sheldon**

(b) Address... **1810 Kensington**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof... **11/10/43** (Month) (Day) (Year)

(c) Place: burial or cremation... **Mt. Moriah Cem**

18. (a) Signature of funeral director... **Earp Funeral Home**

(b) Address... **15th, & Jackson**

19. (a) **11-9-43** (Date received local registrar) (b) **D. E. Brown** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... **Nov** day... **7th**, year... **1943** hour... **9** minute... **45P.** M.

21. I hereby certify that I attended the deceased from **8/5**, 19**43** to **11/7**, 19**43** that I last saw her... alive on **11/6/43** and that death occurred on the date and hour stated above.

Immediate cause of death... **Pneumonia** Duration **3 days**

Due to... **Cerebral Hemorrhage**

Due to...

Other conditions... (Include pregnancy within 3 months of death)

Major findings: Of operations... **43** 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... **D. Russell** (M. D. or other)

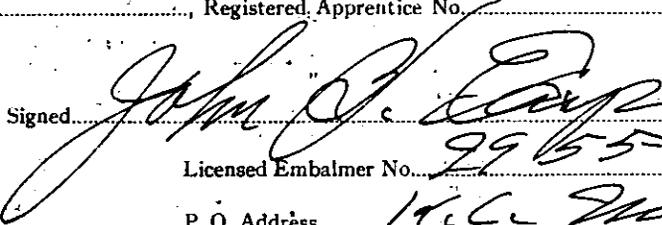
Address... **2231 E. 11th** Date signed... **11/9/43**

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. 29655

P. O. Address. 1562 9th

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.