

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 28 1944
1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1768

1002

48

Registration District No.

Primary Registration District No.

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: Major Clinic, 03100 Euclid Ave.
(If not in hospital or institution, write street number, or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)

In this community 6 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. RFD Route 3
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Prudence STRITE

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1st
year 1944 hour 12:35 minute 12:35 A.M. or P.M. December

21. I hereby certify that I attended the deceased from 29th, 1943 to January 1st, 1944
that I last saw him/her alive on December 31st
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife C. Edward Strite 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: January 24th, 1885
(Month) (Day) (Year)

Immediate cause of death: Influenza 3 or 4 days

Duration _____

8. AGE: Years 58 Months 11 Days 7
If less than one day hr. min.

Due to Anemia and general debilitated Physical Condition

9. Birthplace: Rural Nebraska
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Housewife

Other conditions 350
(Include pregnancy within 3 months of death)

11. Industry or business At Home

Major findings: _____

12. Name Albert Gibson

Of operations: _____

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

Of autopsy: _____

14. Maiden name Mary Evens

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

22. If death was due to external causes, fill in the following:

16. (a) Informant C. Edward Strite, husband,

(a) Accident, suicide, or homicide (specify) _____

(b) Address Route 3, Sedalia, Mo.

(b) Date of occurrence _____

17. (a) Removal (b) Date thereof 1/3/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? _____
(City or town) (County) (State)

(c) Place: burial or cremation Sedalia, Missouri

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

18. (a) Signature of funeral director Melody McGilley

While at work? _____ (e) Means of injury 3

(b) Address K. C. Mo.

23. Signature Harmon S. Major (M. D. or other) MD.

Address 3100 Euclid, K. C. Mo. Date signed 1/1/44

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

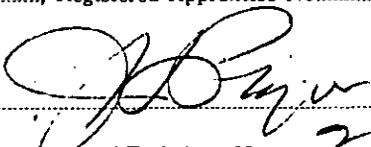
MOTHER FATHER

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..... 2999

P. O. Address..... KC

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.