

No. 2
-2-43
-17-39
X35997

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10156

State File No.

Registrar's No. 1318

FILED MAR 18 1944
Registration District No. 179

Primary Registration District No. 1002

1071

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Childrens Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Leavenworth
(c) City or town Leavenworth
(If outside city or town limits, write "RURAL")
(d) Street No. 809 N 9th
(If rural, give location)
(e) Citizen of foreign country? No
If yes, name country U.S.

3. (a) PRINT FULL NAME Benjamin Franklin Strable
3. (b) If veteran, name war WW
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 7
year 1944 hour 11:30 minute — M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb (Month) 4 (Day) 1944 (Year)

21. I hereby certify that I attended the deceased from 2-8, 1944 to 3-7, 1944
that I last saw him alive on 3-7, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Bronch Duration 3 days

8. AGE: Years _____ Months 1 Days 3 If less than one day _____ hr _____ min.

Due to _____
Due to _____

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)
10. Usual occupation child

Other conditions Hare Lip
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name Benjamin Franklin Strable
13. Birthplace Unknown (City, town, or county) _____ (State or foreign country)
14. Maiden name Katharine S. Ann
15. Birthplace Walton Mo. (City, town, or county) _____ (State or foreign country)

Major findings:
Of operations none done
Of autopsy none done
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Benjamin Strable
(b) Address Leavenworth, Kans.
17. (a) Removed (b) Date thereof 3/7/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Leavenworth, Mo.

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 _____

18. (a) Signature of funeral director J. C. Davis Truck Co.
(b) Address Leavenworth, Mo.
19. (a) 3-7-44 (b) D. E. Brown
(Time received local registrar) (Registrar's signature)

23. Signature H. M. Sells (M. D. or other)
Address 1624 1/2 W. 21st St. Date signed 3-7-44

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.....

P. O. Address.....

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.