V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 28 1945

State File No. 40284

Registration District No. 589 Primary Registration District No. 1002 Registrar's No. 5086

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: ST. LUKE'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17-DAYS (Specify whether

In this community 65 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

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

(d) Street No. 909 EAST 43RD STREET
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MRS KATHERINE STRAIT

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MR. H. H. STRAIT

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

7. Birth date of deceased JUNE (Month) 4 (Day) 1870 (Year)

8. AGE: Years 75 Months 6 Days 4 If less than one day hr. min.

9. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

FATHER

12. Name ELIJAH S. McCLAIN

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

MOTHER

14. Maiden name MARGARET STEWART

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

16. (a) Informant MRS. JOHN GILMOR

(b) Address 6438 WASHINGTON STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC-10-1945 (Month) (Day) (Year)

(c) Place: burial or cremation ELMWOOD CEMETERY

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 BROSH CREEK BLVD

19. (a) 12-10-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 8TH year 1945 hour 11 minute 50A M.

21. I hereby certify that I attended the deceased from June 15, 1945, to dec 8, 1945, that I last saw he alive on dec 8, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Embolus	24 hrs.
Due to: Aneurysm of aorta & arteriosclerosis (N.S.)	10 yrs. Indef.
Due to:	
Other conditions (Includes pregnancy within 3 months of death): Cardiac Hypertrophy	10 yr.

Major findings:
Of operations No
Of autopsy Same as above

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 Carl V. Anderson (M. D. or other)

Address Mo. Pac. Bldg. K.C. Mo. Date signed 12/31/45

(Licensed Embalmer's Statement on Reverse Side)

...hee - Miss Marshall - south -1
St. Luke's Hospital

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 Elsear Worthey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.