

1. No. 2
M-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED MAR 14 1946 STANDARD CERTIFICATE OF DEATH

State File No. 6045

Registration District No. 146

Primary Registration District No. 5568

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
132 North Brookside Blue Sup.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 3 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Higginsville
(If outside city or town limits, write "RURAL")
(d) Street No. 14th & Walnut
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country No.

3. (a) PRINT FULL NAME Caroline Strathmann

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 Widow
6. (b) Name of husband or wife Otto Strathmann Deceased
6. (c) Age of husband or wife if _____ years
7. Birth date of deceased December 12 1877
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9
year 1946 hour 9 minute 10 P.M.

21. I hereby certify that I attended the deceased from Dec 22 1945 to Feb 9 1946
that I last saw him alive on Feb 9 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema secondary to coronary occlusion
Due to arteriosclerosis + glomerular nephritis
Other conditions (include pregnancy within 3 months of death)

Duration
8 1/2 years

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
68 1 27 hr. _____ min.

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

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name Ernest Stuppenhouse
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Walter
(b) Address 132 No. Brookside

17. (a) Burial (b) Date thereof 2-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Higginsville, Mo.

18. (a) Signature of funeral director James Funeral Home

(b) Address Concordia, Missouri

19. (a) 2-13-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) _____
Address [Address] Date signed 2-9-46

5034 (Licensed Embalmer's Statement on Reverse Side)

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

5034

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 Chas E. Wilks

Licensed Embalmer No. 2644

P. O. Address H.C. 240-

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.