

No. 2
-12-45
-17-39
I X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1354
Registrar's No. 211

FILED JAN 27 1947
Registration District No. 1979

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:
PRESIDENT HOTEL @ 14 TH & BALTIMORE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 HOURS
(Specify whether years, months or days)

In this community 11 HOURS

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County SHAWNEE

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

(d) Street No. 1183 MEDFORD AVENUE
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MR. GEORGE FRANCIS STRINGER, JR.

3. (b) If veteran, name war WORLD WAR I

3. (c) Social Security No. 493-05-5035

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. ROSE STRINGER

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased MAY 30 1890
(Month) (Day) (Year)

8. AGE: Years 56 Months 7 Days 14 If less than one day hr. _____ min. _____

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

10. Usual occupation SUPERINTENDANT

11. Industry or business ROSS CONSTRUCTION CO. DES MOINES, IA

12. Name UNKNOWN STRINGER

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

14. Maiden name EMMA UNKNOWN

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

16. (a) Informant MRS. ROSE STRINGER

(b) Address TOPERA, KANSAS

17. (a) BURIAL (b) Date thereof JAN. 16-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation TOPERA KANSAS

18. (a) Signature of funeral director A. H. Newcomer's Son

(b) Address 1401 BRUSH CREEK BLYD

19. (a) 1-16-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 15TH
year 1947 hour 9 minute 25 P.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;

that I last saw him _____ alive on _____ 19____
and that death occurred on _____ date at _____ hour stated above.

Immediate cause of death Acute Coronary Insufficiency Duration _____

Coronary Sclerosis

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy History & Inspection

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) Means of injury _____

23. Signature A. E. Ober (M. D. or Nurse) _____

Address 2800 Main Date signed 1/15/47

FEB 24 1997

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.....

Carl Rapp

Licensed Embalmer No. *2458*

P. O. Address. *K.C. Mo.*

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.