

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: Menorah  
(d) Length of stay: In hospital or institution 3 days  
In this community 3 years

3. (a) PRINT FULL NAME Ms. Helma Evelyn Stratford  
3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex F 5. Color of race W 6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife Charles W. Stratford (c) Age of husband or wife if alive unk. years  
7. Birth date of deceased 10-24-1903

8. AGE: Years 44 Months 0 Days 13 If less than one day hr. min.

9. Birthplace California

10. Usual occupation cat holer

11. Industry or business

12. Name unknown 9  
13. Birthplace unknown 9  
14. Maiden name unknown 9  
15. Birthplace unknown 9

16. (a) Informant Charles W. Stratford

(b) Address 4804 Westwood Road K.C. Mo.

17. (a) Removal (b) Date thereof 11-8-1947  
(c) Place: burial or cremation San Francisco Calif.

18. (a) Signature of funeral director Time & McEluse W. Co.  
(b) Address 3225 Gillham Plaza

19. (a) 11-8-47 (b) Gertrude Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 4804 Westwood Road  
(e) Citizen of foreign country? no

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov. day 7 year 1947 hour 11 minute P M.  
21. I hereby certify that I attended the deceased from Nov 6-47 to Nov 7, 1947  
that I last saw her alive on Nov. 7, 1947

Immediate cause of death Massive Collapse of Rt lung - atelectasis  
Due to pulmonary edema  
Due to adhesions  
Other conditions 12-2-47

Major findings: Intestinal obstruction  
Of operations above  
Of autopsy above

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?  
(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) MD  
Address 1026 Prof Rldy Date signed 11/8/47

MAR 28 1949

*2038 H  
Mr. S. S. ...  
...*

JUN 15 1949

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 Robert H Reed

Licensed Embalmer No. 3745

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.