No. 2
—1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1344

FILED JAN 20 1949

Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Gneeral Hospital #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 6 days (Specify whether
In this community 7 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 114 No White 8
(If rural, give location) 9

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

If yes, name country

3. (a) PRINT FULL NAME HARRY B. STRALEY

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race white 0

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Hattie H. Straley

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

7. Birth date of deceased March (Month) 29 (Day) 1871 (Year)

8. AGE: Years 76 Months 9 Days 27 If less than one day hr. min.

9. Birthplace Pennsylvania (City, town, or county) (State or foreign country) 1

10. Usual occupation none

11. Industry or business

FATHER
12. Name James Straley
13. Birthplace Pennslyvania (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Sarah ??
15. Birthplace Pennsylvania (City, town, or county) (State or foreign country) 1

16. (a) Informant Henry Kullman
(b) Address Lincoln, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation mt. pleasant mo.

18. (a) Signature of funeral director Reser Funeral Home
(b) Address Warsaw, Mo

19. (a) 1-7-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6
year 1948 hour 3 minute 55 P.M.

21. I hereby certify that I attended the deceased from Dec. 1, 1947, to Jan. 6, 1948
that I last saw him alive on Jan. 6, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute pulmonary edema (n.m.o.)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 111	
Of autopsy none	

PHYSICIAN

Underline the cause of 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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 1-7-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 John F Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.