No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 20 1948

Registration District No. 949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1346

Registrar's No. 147

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: 6626 Wabash Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 5 Years

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.: 6626 Wabash Avenue 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: MRS. SALLIE LANE STROUD

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: Widowed

6. (b) Name of husband or wife: Justin W. Stroud

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

7. Birth date of deceased: May (Month) 26th. (Day) 1856 (Year)

8. AGE:

Years	Months	Days	If less than one day
91	7	14	..... hr. ..... min.

9. Birthplace: Mayfield (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation: At Home

11. Industry or business .....

FATHER
12. Name: Dr. I. J. Osborne
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Mr. Roy Stroud
(b) Address: 6626 Wabash Avenue

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 1-11-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Peculiar, Missouri

18. (a) Signature of funeral director: Freeman Mortuary
(b) Address: 104 W. 42nd. St. Kansas City, Mo.

19. (a) 1-10-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10th. year 1948 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from 1-8, 1948 to 1-9, 1948 that I last saw her alive on 1-9, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	1 mo
Due to: Hypertension	
Due to: —	
Other conditions (Include pregnancy within 3 months of death): —	
Major findings: Of operations: — 93d	
Of autopsy: —	

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? ..... (Specify type of place)
While at work? — (e) Means of injury: — 0

23. Signature: R. R. Lyda (M. D. ~~or other~~)
Address: 1027 E. 5th St. Date signed: 1-10-48
K. C. Mo

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.....

Licensed Embalmer No. 2939

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.