S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 13 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5140

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 934

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: 435 WEST 68th STREET (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether In this community LIFETIME years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

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

(d) Street No. 435 W. 68th STREET (If rural, give location) 8

(e) Citizen of foreign country? no. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME MRS. BERTHA CLARA WEBER

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 FRED WEBER

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

7. Birth date of deceased JULY (Month) 22 (Day) 1871 (Year)

8. AGE: Years 76 Months 7 Days 5 If less than one day ___ hr. ___ min.

9. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation NONE

11. Industry or business AT HOME

FATHER
12. Name RICHARD STRAUB
13. Birthplace (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name CLARA ROULAND
15. Birthplace BERLIN (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant F. RICHARD WEBER

(b) Address 435 WEST 68th ST., K.C., MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Mar 1 1948 (Month) (Day) (Year)

(c) Place: burial or cremation ELMWOOD CEM.

18. (a) Signature of funeral director D.W. Newcomer Sons

(b) Address 1401 Brush Creek Blvd, KC MO

19. (a) 2-28-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 27 year 1948 hour 9 minute 50A.M.

21. I hereby certify that I attended the deceased from 6/28, 1947 to 2/27, 1948 that I last saw him alive on 2/27, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

93d

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

23. Signature [signature] (M. D. or other)

Address 1104 Prof Bldg Date signed 2/27/48

(Licensed Embalmer's Statement on Reverse Side)

1109 Prof. Bldg.

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 Bernard L Foran

Licensed Embalmer No. 4250

P. O. Address MC 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.