

No. 300
M-10-47
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19688
Registrar's No. 2654

FILED JUL 3 1948
Registration District No. 149

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:
GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 DAYS
In this community 46 YRS. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 1529 PARK
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY STRAUGHTER
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex FEMALE 5. Color or race NEGRO
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife Steve Straughter
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MAY 26, 1867
(Month) (Day) (Year)

8. AGE: Years 87 Months 0 Days 28
If less than one day _____ hr. _____ min.

9. Birthplace ALLOWAY COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

12. Name MOSE, McMURPHY
13. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

14. Maiden name RACHEL SAWYER
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant ELLEN REYNOLDS (COUSIN)
(b) Address 2305 CAMPBELL

17. (a) Burial (b) Date thereof 6/26/48
(Burial, exhumation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 1729 S. Lydia Avenue

19. (a) 6-25-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JUNE day 24,
year 1948 hour 9: minute 30 A. M.
21. I hereby certify that I attended the deceased from JUNE 17, 1948 to JUNE 24, 1948,
that I last saw h ER alive on JUNE 24, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death HYPERTENSIVE HEART DISEASE Duration _____

Due to _____

Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to 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? _____

While at work _____ (Specify type of place) Means of injury _____

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

Address GENERAL HOSPITAL NO. 2 Date signed 6/24/48

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.....

Jerome W. Harlowe

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.