

P. No. 300
M-10-47
v. 5-17-39
I 3908

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

19689

FILED JUL 3 1948

State File No. 2655

Registration District No. 149

Primary Registration District No. 1602

Registrar's No.

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:
1518 Bennington
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 36 Years (Specify whether _____)
years, months or days)

3: (a) PRINT FULL NAME Bernice Luella Strickler

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 Widow

6. (b) Name of husband or wife William Frank Strickler

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

7. Birth date of deceased: 9 10 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72 9 14 _____ hr. _____ min.

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

10. Usual occupation: Housewife

11. Industry or business _____

12. Name G. R. Shirer

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Luella Fisher
(City, town, or county) (State or foreign country)

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Harry Strickler

(b) Address 6103 Paseo

17. (a) Burial (b) Date thereof 6-26-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address Kansas City, Mo.

19. (a) 6-25-48 (b) Geraldine 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
(If outside city or town limits, write "RURAL")

(d) Street No. 1518 Bennington
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th.
year 1948 hour 4 minute _____ M.

21. I hereby certify that I attended the deceased from June 1947 to time of death
that I last saw her alive on June 23, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage Duration 4 days

Due to Hypertensive heart disease

Due to 7 yrs

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

Major findings: Of operations 93.2

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)

(c) Means of injury _____

23. Signature Leo M. Miller (M. D., physician)

Address 3548 Indiana Date signed 6-24-48

Dr. Leo Muehlen
23648 Independence
den 5/4/11

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 Joe B. Yoder
Licensed Embalmer No. 4173
P. O. Address 918 Brooklyn

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.

KC. Mo.