

FILED MAY 27 1949 STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2056

|  |  |  |  |  |   |
|--|--|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY JACKSON   |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Mo b. COUNTY JACKSON |  |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY |  | c. LENGTH OF STAY (In this place) 44 yrs | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY                               |  | 3 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION HIDE PARK HOTEL 36TH BNDY                        |  |  | d. STREET ADDRESS (If rural, give location) HIDE PARK HOTEL 36TH BNDY  |  |   |

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) VIRGINIA b. (Middle) TISDALE c. (Last) STROUD |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br>MAY 8 1949 |  |  |
|---|--|--|---|--|--|

|          |                    |  |                              |  |                                    |              |            |                            |                           |
|----------|--------------------|--|------------------------------|--|------------------------------------|--------------|------------|----------------------------|---------------------------|
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH NOV 23 1879 |  | 9. AGE (In years last birthday) 69 | 10. MONTHS - | 11. YEAR - | 12. IF UNDER 24 HRS. Hours | 13. IF UNDER 24 HRS. Min. |
|----------|--------------------|--|------------------------------|--|------------------------------------|--------------|------------|----------------------------|---------------------------|

|   |  |                                   |  |  |  |                                   |  |
|---|--|-----------------------------------|--|--|--|-----------------------------------|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PIANO TEACHER |  | 10b. KIND OF BUSINESS OR INDUSTRY |  | 11. BIRTHPLACE (State or foreign country) MO |  | 12. CITIZEN OF WHAT COUNTRY? U.S. |  |
|---|--|-----------------------------------|--|--|--|-----------------------------------|--|

|                                  |  |   |  |  |  |
|----------------------------------|--|---|--|--|--|
| 13a. FATHER'S NAME A. J. TISDALE |  | 13b. MOTHER'S MAIDEN NAME MARTHA HUNTER |  | 14. NAME OF HUSBAND OR WIFE JOHN N. STROUD |  |
|----------------------------------|--|---|--|--|--|

|   |  |                            |  |  |  |
|---|--|----------------------------|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO |  | 16. SOCIAL SECURITY NO. NO |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS HARRY M. WILLIAMS 3609 JEFFERSON |  |
|---|--|----------------------------|--|--|--|

|   |  |  |  |                            |  |                                  |  |
|---|--|--|--|----------------------------|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  |  | MEDICAL CERTIFICATION  |  |                            |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bacterial pneumonia   |  | DUE TO (b) Senile dementia |  | 3 day                            |  |
|   |  | ANTECEDENT CAUSES  |  | DUE TO (c)                 |  |                                  |  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. |  | 304X                       |  |                                  |  |

|                        |  |                                  |  |  |  |
|------------------------|--|----------------------------------|--|--|--|
| 19a. DATE OF OPERATION |  | 19b. MAJOR FINDINGS OF OPERATION |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
|------------------------|--|----------------------------------|--|--|--|

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |  |
|--|--|--|--|---|--|

|  |  |  |  |                            |  |
|--|--|--|--|----------------------------|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? |  |
|--|--|--|--|----------------------------|--|

22. I hereby certify that I attended the deceased from 3-15-1949 to 5-7-1949 that I last saw the deceased alive on 5-8-1949, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|   |  |              |  |                         |  |
|---|--|--------------|--|-------------------------|--|
| 23a. SIGNATURE Owen P. McPherson (Degree or title) M.D. |  | 23b. ADDRESS |  | 23c. DATE SIGNED 5-9-49 |  |
|---|--|--------------|--|-------------------------|--|

|  |  |                        |  |  |  |  |  |
|--|--|------------------------|--|--|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL |  | 24b. DATE MAY 10, 1949 |  | 24c. NAME OF CEMETERY OR CREMATORY MT MORIAH |  | 24d. LOCATION (City, town, or county) (State) K. E. Mo |  |
|--|--|------------------------|--|--|--|--|--|

|                                  |  |  |  |   |  |
|----------------------------------|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. 5-10-49 |  | REGISTRAR'S SIGNATURE Geraldine Holmes |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McELURE N.C. Mo. |  |
|----------------------------------|--|--|--|---|--|

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

Dr. O. H. P. Shuman  
Prof. B. B. B.

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Max C. Meyer*

Licensed Embalmer No. \_\_\_\_\_

*4555*

P. O. Address \_\_\_\_\_

*Kansas City, 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.