

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23663

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2876

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give town OR <b>Kansas City, Mo</b> )		c. CITY (If outside corporate limits, write RURAL and give township) OR <b>Kansas City, Mo.</b>	
c. LENGTH OF STAY (In this place) <b>16 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>708 E. 13th St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>KC- General Hospital #1</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Rosie</b> b. (Middle) <b>Strack</b> c. (Last) <b>Strack</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7-2-49</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>8-4-1875</b>		9. AGE (In years last birthday) <b>73</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>28</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Kansas</b>	
12. CITIZEN OF WHAT COUNTRY? <b>American</b>					

13a. FATHER'S NAME <b>Joseph Vohs</b>		13b. MOTHER'S MAIDEN NAME <b>Rose Hurst</b>		14. NAME OF HUSBAND OR WIFE <b>Louis Strack</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Joe L. Strack Pleasant Hill, Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Dilatation of Heart ?</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Acute pulmonary edema</b>			
DUE TO (c) <b>Arteriosclerosis</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4500</b>	

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)		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 11:00AM 7-2, 1949, to 7-2-49, that I last saw the deceased alive on 7-2-49, 1949 and that death occurred at 7-45P m., from the causes and on the date stated above.

23a. SIGNATURE <b>Wm. W. Hart</b> (Degree or title)		23b. ADDRESS <b>Med. dir. General Hospital</b>		23c. DATE SIGNED	
24a. BURIAL CREMATION (REMOVAL) (Specify)		24b. DATE <b>7-5-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Hill Cem</b>	
24d. LOCATION (City, town, or county) (State) <b>Pleasant Hill, Mo.</b>					

DATE REC'D BY LOCAL REG. <b>7-4-49</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Allen Brownfield Pleasant Hill, Mo.</b>	
				ADDRESS	

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

**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

*Glen H. Hill*

Licensed Embalmer No. *4586*

P. O. Address *Pleasant Hill*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.