

FILED JUN 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16834  
2080

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN KANSAS CITY,		c. CITY (If outside corporate limits, write RURAL and give township) TOWN KANSAS CITY.	
c. LENGTH OF STAY (In this place) 40 yrs.		d. STREET ADDRESS (If rural, give location) 1012 TRUMAN ROAD 3470	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1012 TRUMAN ROAD			

3. NAME OF DECEASED (Type or Print) a. (First) HARRY		b. (Middle) E.		c. (Last) STRICKLIN		4. DATE OF DEATH (Month) (Day) (Year) MAY 13 1951	
--	--	----------------	--	---------------------	--	---	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 22 1884	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
----------------	---------------------------	---	-----------------------------------	---------------------------------------	---------------------------	--------------------------	-------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Packing House Work	11. BIRTHPLACE (State or foreign country) Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	---	--

13a. FATHER'S NAME -- Stricklin	13b. MOTHER'S MAIDEN NAME --	14. NAME OF HUSBAND OR WIFE Rachel Stricklin	
------------------------------------	---------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 494-12-6614	17. INFORMANT'S SIGNATURE OR NAME Mrs Nellie Shepherd Kas. City, Mo.	ADDRESS
---	--	--	---	---------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Sub Acute Hemorrhage</i>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident?</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Kansas City Jackson Mo</i>
--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>5-12-51</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Fell down stairs</i>
---	---	---

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Geo. C. Kealhofer</i>	(Degree or title) <i>Med. Deputy Coroner</i>	23b. ADDRESS <i>4050 Broadway KC Mo</i>	23c. DATE SIGNED <i>5-14-51</i>
--	---	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>May 16 1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Green Lawn Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Kansas City, Missouri</i>
--	---------------------------------	--	---

DATE REC'D BY LOCAL REG. <i>5-15-51</i>	REGISTRAR'S SIGNATURE <i>Seraldine Holmes</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Mrs. C.L. Forster</i>	ADDRESS <i>Kansas City, Missouri</i>
--	--	--	---

(Licensed Embalmer's Statement on Reverse Side)

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 *Rayton H. Barnes*

Licensed Embalmer No. *4793*

P. O. Address *918 Brooklyn, N.C.*

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.