

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 3 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13887
Registrar's No. 1219

Registration District No. 149

Primary Registration District No. 1002

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: 4214 Woodland 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 25 years
(Specify whether years, months or days)
In this community. 25 years

3. (a) PRINT FULL NAME

Lutie Pearl Street

3. (b) If veteran,

name war No

3. (c) Social Security

No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lewis B. Street

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased

(Month) 6 - (Day) 2 - (Year) 1874

8. AGE:

Years

Months

Days

If less than one day

69

10

17

hr. min.

9. Birthplace

Millville

Missouri

(City, town, or county)

(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

L. W. Wood

13. Birthplace

Virginia

1

14. Maiden name

Louise Rathrock

1

15. Birthplace

New York

1

16. (a) Informant

Lewis B. Street

(b) Address

4214 Woodland

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

4-22-44

(c) Place: burial or cremation

Richmond, Mo.

18. (a) Signature of funeral director

Mrs. C. L. Foster

(b) Address

R. F. Mo.

19. (a)

4-20-44

(b)

N. E. Brown

(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. 4214 Woodland
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th
year 1944 hour minute M.

21. I hereby certify that I attended the deceased from April 12, 1944 to April 18, 1944
that I last saw her alive on April 18, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Decompensation Duration 1 week
Due to Prolonged Asthma Attack 1 week
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)

(e) Means of injury

23. Signature Chas. H. Stephens (M. D. or other) D.O.

Address 252 West Bldg Date signed 4/19/44

252 West 4th
ave 44113

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 Wm Kenneth Jackson
Licensed Embalmer No. 3954
P. O. Address 926 Brooklyn H.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.