

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

34564
 Do not use this space.

NOV 7 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 3900
 (c) City Kansas City (d) Street No. St. Joseph's Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Rose Strein Roy
 (a) Residence, No. 46 East 32nd St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Horace L. Roy
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29, 1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
70 2 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. At home
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Kansas City
 (STATE OR COUNTRY) Missouri

13. NAME August C. Strein

14. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

15. MAIDEN NAME Ellenberger

16. BIRTHPLACE (CITY OR TOWN) Hannibal
 (STATE OR COUNTRY) Missouri

17. INFORMANT Clarence Roy
 (ADDRESS) 46 East 32nd St., Kansas City, Mo.

18. BURIAL, CREMATION OR REMOVAL Memorial Park Cem.
 PLACE Kansas Cy., Mo. DATE Oct 7, 1938

19. FUNERAL DIRECTOR (NAME) Stine & McClure
 (ADDRESS) Kansas City, Missouri

20. FILED Oct 6, 1938 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1938, to Oct 7, 1938.
 I last saw her alive on Oct 7, 1938. Death is said to have occurred on the date stated above, at P. m. 11:35
 The principal cause of death and related causes of importance were as follows:

Date of onset Sept 22, 1938
Brain abscess
 Other contributory causes of importance:
Latent sinus thrombosis
Hypostatic pneumonia

Name of operation _____ Date of _____
 What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) B. Lovelace, M. D.
 (Address) 1626 Professional Bldg.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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, above space should be left blank.