

REC'D APR 17 1939

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

9406  
Do not use this space.

Registered No. 1012

1. PLACE OF DEATH  
(a) County Jackson Registration District No. 399  
(b) Township Kaw Primary Registration District No. 1002  
(c) City Kansas City (d) Street No. 2840 Forest Ave. 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 4 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Ann A. Mills  
(a) Residence, No. 2840 Forest Ave. 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 Jerrold R. Mills

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8, 1910

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.  
28 9 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Supervisor  
9. Industry or business in which work was done, as saw mill, bank, etc. Nat'l. Protective Ins. Co.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

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

13. NAME Frank Strajkowski

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT Jerrold R. Mills  
(ADDRESS) 2840 Forest Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highlank Park K.C.K. 3-7-39

19. FUNERAL DIRECTOR (NAME) Freeman Mortuary  
(ADDRESS) Kansas City Missouri

20. FILED 3/6 19 39 M. M. Kerow  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-4-39 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1939 to March 4, 1939  
I last saw him alive on March 3, 1939 Death is said to have occurred on the date stated above, at 7:30 am.

The principal cause of death and related causes of importance were as follows:

Influenza  
Mediungitis

Date of onset

Other contributory causes of importance: none

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Blood Exam Was there an autopsy? No

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) Frank J. Hall M. D.  
(Address) 1025 Lafayette Bldg K.C. Mo

**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.**