DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13814

MAY 15 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1526

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4106 Montgall
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 17 years
years, months or days)

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. 4106 Montgall
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mrs. Olive Eliza Strong 365

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe

5. Color or race White

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

6. (b) Name of husband or wife Solomon P. Strong

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

7. Birth date of deceased November (Month) 29 (Day) 1849 (Year)

8. AGE: Years 90 | Months 4 | Days 8 | If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) Iowa (State or foreign country)

10. Usual occupation HW

11. Industry or business

FATHER
12. Name William Price
13. Birthplace _____ (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace _____ (City, town, or county) Ill. (State or foreign country)

16. (a) Informant's own signature Mrs Bert Bailey
(b) Address 4106 Montgall K.C.MO.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Apr 8 40 (Month) (Day) (Year)
(c) Place: burial or cremation Enid, Oklahoma

18. (a) Signature of funeral director R A Fulton
(b) Address K.C.Kansas

19. (a) April 8, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1940 hour 9:30 minute A M.

21. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__;
that I last saw h_____ alive on _____, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac V Pulmonary Exhaustion 95 Bo	
Due to Senility	
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? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature Hollis S. Thomas (M. D. or other)
Address 714 Bryant Bldg Date signed 4/7/40

(Licensed Embalmer's Statement on Reverse Side) Ambassador Hotel

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 R. A. Fletcher

Licensed Embalmer No. 3503

P. O. Address Kansas City Kansas

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

If this body is not embalmed, above space should be left blank.