FILED OCT 11 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31103

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 3666

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.

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: 3905 St. John Avenue (If not in hospital or institution, write street number or location) 7

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

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") 0

(d) Street No.: 3905 St. John (If rural, give location)

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

3. (a) PRINT FULL NAME: Frederick G. Strohmeier

3. (b) If veteran, name war: No

3. (c) Social Security No.: No 709-16-8382

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Unknown

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

7. Birth date of deceased: June 6, 1871 (Month) (Day) (Year)

8. AGE: Years 69 | Months 3 | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace: New York (City, town, or county) (State or foreign country) 7

10. Usual occupation: Railroad Brakeman 9

11. Industry or business: 9

FATHER
12. Name: Don't Know
13. Birthplace: Don't Know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Don't Know
15. Birthplace: Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Mrs. Nellie Underwood

(b) Address: Muskogee, Okla.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-19-40 (Month) (Day) (Year)

(c) Place: burial or cremation: Maple Hill K. C. K.

18. (a) Signature of funeral director: Freeman Mortuary

(b) Address: Kansas City, Missouri

19. (a) 9-19-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17 year 1940 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from Sept 17, 1940, to Sept 17, 1940, that I last saw him alive on Sept 17, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pernicious Anemia	5 months
Due to	
7/0	
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: C. W. Rose (M. D. or other)

Address: 1003 N. Elmwood Date signed 9-18-40

(Licensed Embalmer's Statement on Reverse Side)

Tr. C. W. Pace
103 N. Clinton
2-5

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 Clarence W Chiles

Licensed Embalmer No. 3473

P. O. Address 56 C Mo

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.