

Registration District No. **399**

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:
2132 Summit
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 5 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. 2132 Summit
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME SARAH ELIZABETH STROER

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, Widowed

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased June 5, 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 7 9 hr. min.

9. Birthplace Font Scott, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name John Roland
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Unk
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eva Bloom
(b) Address 2132 Summit

17. (a) Burial (b) Date thereof 1/16/1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wagner, Mo.

18. (a) Signature of funeral director Cato & Speaks

(b) Address Independence, Mo.

19. (a) Jan 15, 1941 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14 year 1941 hour 10:30 minute P.M.

21. I hereby certify that I attended the deceased from Jan 11/41 to Jan 14, 1941; that I last saw her alive on Jan 14, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of Bladder

Due to _____
Due to _____

Other conditions Uremia
(Include pregnancy within 3 months of death)

Major findings: Sarcoma
Of operations _____

Of autopsy _____

Duration

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 2

23. Signature M. M. Crow (M.D. or other) DO
Address West Center Bldg Date Signed 1/15/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 my

....., Registered Apprentice No.....
working under my personal supervision.

Signed Colandrea
Licensed Embalmer No. 3604
P. O. Address Independence, Mo

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.