

FILED APR 15 1941
Registration District No. _____

Primary Registration District No. 1002

48
3
8

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

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: 5208 Lyons
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 15 yrs.
years, months or days

3. (a) PRINT FULL NAME Mrs. Amelia Strubeck

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

3. (c) Social Security No. No.

4. Sex Female 5. Color or race W.C. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Christian G. Strubeck 6. (c) Age of husband or wife if alive no years

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 71 Months 4 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Glena, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name No record

13. Birthplace No record _____ (City, town, or county) (State or foreign country)

14. Maiden name No record

15. Birthplace No record _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Isabelle Schaffer

(b) Address 5208 Lyons

17. (a) Burial (b) Date thereof 3-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Ann's

18. (a) Signature of funeral director John P. R. ...

(b) Address 6696 ...

19. (a) 3/21/1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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. 5208 Lyons
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 20
year 1941 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from 3/13, 1941, to 3/20, 1941; that I last saw her alive on 3/20, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pericarditis

Due to Bronchitis - 4510

Due to _____

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

Major findings: _____
Of operations _____
Of autopsy _____

Duration
7 days

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 _____

23. Signature R. A. ... (M. D. or other) MD
Address 5420 ... Date signed 3/21/41

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, fact should be so stated above.