

Registration District No. 395

Primary Registration District No. 5551A

Registrar's No. 15

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Dr. C. Bar Top, Rural
(If not in hospital or institution, write street number or location)

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

In this community 82 yrs.
years, months or days

3. (a) PRINT FULL NAME John Bryant Strode

3. (b) If veteran name war no

3. (c) Social Security No. no

4. Sex mo 5. Color or race w

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

6. (b) Name of husband or wife Valie

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

7. Birth date of deceased Jan 31 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

82 4 8 hr. min.

9. Birthplace Independence Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Charles E. Strode

13. Birthplace Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Dorah Weston

15. Birthplace Grand pass Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie Strode

(b) Address Blue Springs

17. (a) Buried (b) Date thereof 6-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Independence, Mo

18. (a) Signature of funeral director R. B. Webb

(b) Address Blue Springs Mo

19. (a) 6-10-41 (b) Kathryn Lane
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Blue Springs (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. 3 1/2 mile north
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1941 hour 6:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from June 6
1941, to June 8 1941
that I last saw him alive on June 8 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration 2 1/2 days

Due to Hypertension

Due to §30

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? _____

While at work? 362 (Specify type of place) (e) Means of injury _____

23. Signature E. L. Saunders (M. D. or other) MD

Address 104 1/2 W Maple Date signed 6-9-41

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 R. B. Webb

Licensed Embalmer No. 2353

P. O. Address: Blue Springs

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.