

S. No. 2  
 DM-5-42  
 v. 5-17-39  
 X32873

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **32983**

FILED NOV 9 1942

Registration District No. **749**

Primary Registration District No. **1002**

Registrar's No. **3980**

48  
 865

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:  
**General Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 day**  
(Specify whether  
 In this community **7 1/2 weeks**  
years, months or days)

3. (a) PRINT FULL NAME **Walter Lee Straub**  
 3. (b) If veteran, name war **None**  
 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Josephine Straub**  
 6. (c) Age of husband or wife if alive **27** years  
 7. Birth date of deceased **April 21 1895**  
(Month) (Day) (Year)

8. AGE: Years **47** Months **6** Days **2**  
 If less than one day  
 hr. min.

9. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Teacher**

11. Industry or business

MOTHER FATHER

12. Name **Elias Straub**  
 13. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Unknown Darnell**  
 15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Josephine Straub**  
 (b) Address **Omaha, Nebraska**

17. (a) **Removal** (b) Date thereof **10-26-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Omaha, Nebraska**

18. (a) Signature of funeral director **Weilert Funeral Home**

(b) Address **2332 Monitor Place, K.C., Mo.**

19. (a) **10/25/42** (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. **703 E. 12th**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **23**  
 year **1942** hour **8** minute **55P** M.

21. I hereby certify that I attended the deceased from  
**Oct 23**, 19 **42** to **Oct 23**, 19 **42**  
 that I last saw him alive on **Oct 23**, 19 **42**  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
**coronary occlusion**

Due to **940**  
 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?

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

23. Signature **Wm R Thon** (M. D. or other)  
 Address Date signed

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**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.....

*Blaine E. Walnut*

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.**