FILED NOV 1 1943

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

333960
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 149
(b) Township or (c) City Kansas City — Primary Registration District No. 1002 — Registered No. 4206
(d) Street No. St. Lukes St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ruth E. Strickland
(a) Residence, No. Gardner Kansas St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wayne E Strickland
6. DATE OF BIRTH (MONTH, DAY AND YEAR) March-22-1900
7. AGE: Years 43 — Months 6 — Days 10 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as saw mill, bank, etc. in own Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keewanee Illinois

FATHER
13. NAME Henry Green
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER
15. MAIDEN NAME Alice Winslow
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Wayne E Strickland Gardner Kans

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gardner Kansas DATE Oct. 2. 1943

19. FUNERAL DIRECTOR (NAME) H. E. Patteson
(ADDRESS) Gardner, Kansas.

20. FILED 10-3. 1943 D. E. Brown Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-2-, 1943

22. I HEREBY CERTIFY, That I attended deceased from 10-2-, 1943, to 10-2-, 1943
I last saw h.er alive on 10-2-, 1943. Death is said to have occurred on the date stated above, at 12 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Respiratory failure and circulatory collapse during anesthesia (ether) | 10-2-43 |

Other contributory causes of importance:
Toxic myocarditis
Suppurative tonsillitis
Hypothyroidism
Tonsillectomy to be performed

Name of operation ..... Date of 10-2-43
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) John A. DeMatt M. D.
(Address) 249 Plaza Medical Bldg KC Mo

(Licensed Embalmer's Statement on Reverse Side)

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

50M-3-19 I X16605

**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 H. E. Patteson

Licensed Embalmer No. 3468

P. O. Address Gardner, Kanso

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**