

Registration District No. **155**

Primary Registration District No. **5579**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Jackson**  
(c) Name of hospital or institution: **Jasper Co. TBC Hospital**  
(d) Length of stay: In hospital or institution **3 months**  
In this community **0** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(d) Street No. **68th & Talman**  
(e) Citizen of foreign country? **No.**

3. (a) PRINT FULL NAME

**Eugene Straupe**  
3. (b) If veteran name war..... 3. (c) Social Security No.....

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **3** **Widowed**  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased **Aug 1 1876**

8. AGE: Years **67** Months **2** Days **28** If less than one day hr. min.

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

10. Usual occupation **Wagon**

11. Industry or business.....

12. Name **Joseph Straupe**  
13. Birthplace **Leucygeronia**  
14. Maiden name **Joseph Miller**  
15. Birthplace **Leucygeronia**

16. (a) Informant **Records**

(b) Address.....

17. (a) **burial** (b) Date thereof **10/1/43**

(c) Place: burial or cremation **Memorial Park Kansas City, Mo.**

18. (a) Signature of funeral director **Hedge Nelson**

(b) Address **17th City, Mo.**

19. (a) **Oct. 30, 1943** (b) **Mrs. Nellie Sage**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **29**  
year **1943** hour **3** minute **45 a.m.**

21. I hereby certify that I attended the deceased from **July 11 1943** to **Oct 29 1943**  
that I last saw him alive on **Oct 28 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Relapsing Siles Tuberculosis**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) **13-61**

Major findings: Of operations.....

Of autopsy.....

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 **Jesse S. Dargatzis** (M. D. or other)

Address **Street City, Mo** Date signed **10/29/43**

43-10-905

**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. 2859

working under my personal supervision.

Signed *[Signature]*

Licensed Embalmer No. 6859

P. O. Address Webb City, 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, fact should be so stated above.**