

Registration District No. 149

Primary Registration District No. 1002

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:
3157 E. 7th St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 1 1/2 years (Specify whether
 years, months or days)

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. 3157 E. 7th St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME DELLA STROPE

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Fe. 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wm. L. 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased August 6, 1885
(Month) (Day) (Year)

8. AGE: Years 58 Months 4 Days 18 If less than one day hr. _____ min.

9. Birthplace Des Moines Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business None

MOTHER FATHER { 12. Name John E. Fuson
 13. Birthplace Iowa
(City, town, or county) (State or foreign country)
 14. Maiden name Belle Reed
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. L. Stropes

(b) Address 3157 E. 7th St.

17. (a) Burial (b) Date thereof 12/27/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director C. H. Blackmen & Son, Inc.

(b) Address 2825 Independence Blvd.

19. (a) 12-27-43 (b) D. E. Brown
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24
 year 1943 hour 3 minute P.M.

21. I hereby certify that I attended the deceased from Dec 22,
1943 to Dec 24, 1943
 that I last saw her alive on Dec 24, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 4 days

Due to _____
 Due to 107

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 Dr. A. C. Casipoff (M. D. or other) D.O.
 Address 3622 Maple Ave Date signed _____

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

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. D. Blackman

Licensed Embalmer No.....

3639

P. O. Address.....

H. C. M.

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.