V. S. No. 2
00M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 1 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26614

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3397

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: Krestwood Convalescent Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year (Specify whether years, months or days)
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 49
(c) City or town: Kansas City 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 3615 E. 29th. St. 8
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Mary E. Strahle
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Leonhard Strahle
6. (c) Age of husband or wife if alive: 79 years
7. Birth date of deceased: November (Month) 12, (Day) 1871 (Year)
8. AGE: Years 73 Months 8 Days 29 If less than one day hr. min.
9. Birthplace: Omaha (City, town, or county) Nebraska (State or foreign country)
10. Usual occupation: at home
11. Industry or business:
FATHER 12. Name: James Bruner
13. Birthplace: Penn. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Anna K. Wilson
15. Birthplace: Penn. (City, town, or county) (State or foreign country)
16. (a) Informant: Leonhard Strahle
(b) Address: 3615 E. 29th. St.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 8-14-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Muncie, Leavenworth, Kans.
18. (a) Signature of funeral director: Mellody-Mc Gilley-
(b) Address: 1800 Linwood
19. (a) 8-13-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8/11 day 6 year 1945 hour 6 minute 15 P.M.
21. I hereby certify that I attended the deceased from Jan 24, 1945, to Aug 11, 1945, that I last saw her alive on 8/6, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Cecum	1 yr
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 46	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: P. J. O'Connell M.D. (M. D. or other)
Address: Argyle Bldg. KC Mo Date signed 8/13/45

(Licensed Embalmer's Statement on Reverse Side)

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.....

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.