V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32925

FILED OCT 29 1945

Registration District No. 147 Primary Registration District No. 1002 Registrar's No. 4274

48
3
8

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: KRESTWOOD CONVALESCENT HOME 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 WEEK (Specify whether
In this community 75 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 2
(If outside city or town limits, write "RURAL")
(d) Street No. 3125 TRACY AVENUE 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country ----

3. (a) PRINT FULL NAME MRS. GEORGIA STRAWBRIDGE
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE 1
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED 1
6. (b) Name of husband or wife PARSON W. STRAWBRIDGE
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased MARCH (Month) 20 (Day) 1870 (Year)

8. AGE: Years 75 Months 6 Days 26 If less than one day 25 hr. min.

9. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business ----
FATHER
12. Name LITTLETON PERRY
13. Birthplace WHEELING (City, town, or county) WEST VIRGINIA (State or foreign country)
MOTHER
14. Maiden name UNKNOWN MALCOLM
15. Birthplace WHEELING (City, town, or county) WEST VIRGINIA (State or foreign country)
16. (a) Informant MR. PARSON W. STRAWBRIDGE
(b) Address 3125 TRACY AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT (Month) 18 (Day) 1945 (Year)
(c) Place: burial or cremation MT. MORIAH CEM.
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 10-17-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 15TH year 1945 hour 10 minute 00 P. M.
21. I hereby certify that I attended the deceased from Sept. 6, 1945, to ~~Sept.~~ Oct. 15, 1945, that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver

Due to unknown

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

46f

Duration

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 Harold A. Pallett (M. D. or other) M.D.
Address 1132 Prof. Bldg. K.C. Date signed 10/16/45

(Licensed Embalmer's Statement on Reverse Side)

Professional Body

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: Emile M. Colbrun

Licensed Embalmer No. 3506

P. O. Address KC 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.