

S. No. 2
M-5-43
5-17-39
I X38671

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

40285

State File No. _____

FILED JAN 9 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5244

1. PLACE OF DEATH:
(a) County Jackson County
(b) City or town Kansas City
(c) Name of hospital or institution: Little Sisters of the Poor
(d) Length of stay: In hospital or institution 1 year
In this community one (1) year

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City
(d) Street No. 5331 Highland
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Sophia Strimple
(b) If veteran, name war no
(c) Social Security No. none

20. DATE OF DEATH: Month Dec day 18
year 1945 hour 3 minute a M.

4. Sex female race White
(b) Name of husband or wife unknown
7. Birth date of deceased April 13 1880

21. I hereby certify that I attended the deceased from 11-24 1945 to 12-18 1945
that I last saw her alive on 12-17 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 8 Days 5

Immediate cause of death Bronchitis pneumonia
Due to _____
Due to _____

9. Birthplace Missouri
10. Usual occupation at home

Other conditions: _____
Major findings: _____
Of operations: _____
Of autopsy: _____

11. Industry or business _____
12. Name John Schell
13. Birthplace not known
14. Maiden name Annie Harper Capen
15. Birthplace not known

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant G. J. Frick
(b) Address 5331 Highland
17. (a) Removal (b) Date thereof 12-18-45
(c) Place: burial or cremation Wamego Ia
18. (a) Signature of funeral director Wirt & Jahn
(b) Address Kansas City Mo
19. (a) 12-20-45 (b) Geraldine Holmes

23. Signature John T. Skinner (M. D. or other)
Address Bryant Bldg Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.