S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1800

Registration District No. 147 Primary Registration District No. 1002 Registrar's No. 5346

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~~: K.C. GENERAL HOSPITAL No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 12 HOURS (Specify whether
In this community 15 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3942 - OAK STREET 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country --

3. (a) PRINT FULL NAME MR HARRY BURNELL STROUD

3. (b) If veteran, name war No

3. (c) Social Security No. 440-45-2342

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of ~~husband or~~ wife MRS. BERNICE STROUD

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased NOVEMBER - 2 - 1901
(Month) (Day) (Year)

8. AGE: Years 44 | Months 1 | Days 20 | If less than one day ___ hr. ___ min.

9. Birthplace KINSTON (City, town, or county) NORTH CAROLINA (State or foreign country)

10. Usual occupation PAINTING CONTRACTOR

11. Industry or business BAER ENGINEERING CO

FATHER
12. Name BURRELL STROUD
13. Birthplace (City, town, or county) NORTH CAROLINA (State or foreign country)

MOTHER
14. Maiden name ESTELLE KING
15. Birthplace (City, town, or county) NORTH CAROLINA (State or foreign country)

16. (a) Informant MRS BERNICE STROUD

(b) Address 3942 - OAK STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC-26-1945 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ MEMORIAL PARK CEMETERY

18. (a) Signature of funeral director D. W. Newcomer Sons

(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) 12-26-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 22ND year 1945 hour 10 minute 45A M.

21. I hereby certify that I attended the deceased from Corner, 19__, to ___, 19__; that I last saw h___ alive on ___, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: skull Fracture
Compound Fracture rt elbow & humerus

Due to Fracture left wrist.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no permit
History & Inspection

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1864 39

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 12-22-45 1 2 3

(c) Where did injury occur? 539 main KC. Jackson Mo (City or town) (County) (State)

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

While at work? yes (e) Means of injury Fall

23. Signature James C Walker 2 (M. D. ~~or other~~) Corner

Address 1424 [illegible] Date signed 12-23-45

(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 E. Oscar Hostley

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.