

FILED FEB 19 1946

Registration District No. 149

Primary Registration District No. 1002

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... RESEARCH HOSPITAL D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 9-DAYS (Specify whether years, months or days)

In this community... 4 years

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... 229 WARD PARKWAY
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME... JESSE P STRONG

3. (b) If veteran, name war... World War I

3. (c) Social Security No... None

4. Sex... MALE

5. Color or race... WHITE

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

6. (b) Name of husband or wife... Mrs Edna Mae Strong

6. (c) Age of husband or wife if alive... 43 years

7. Birth date of deceased... April 19 1900
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>45</u>	<u>9</u>	<u>15</u>	hr. _____ min. _____

9. Birthplace... Elkhorn Miss
(City, town, or county) (State or foreign country)

10. Usual occupation... Vice pres + Gen Mgrs Central Bank to corp.

11. Industry or business _____

12. Name... Arthur H. STRONG

13. Birthplace... Unknown Miss
(City, town, or county) (State or foreign country)

14. Maiden name... Dorothy Roberts

15. Birthplace... Unknown Miss
(City, town, or county) (State or foreign country)

16. (a) Informant... Mrs Edna Mae Strong

(b) Address... 229 Ward park way

17. (a) Removal (b) Date thereof... Feb 5 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Washington D.C.

18. (a) Signature of funeral director... D. H. Newcomer, Sec

(b) Address... 1401-BRUSH CREEK BLVD

19. (a) 2-5-46 (b) Sealdene Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... FEBRUARY day... 4TH
year... 1946 hour... 9 minute... 30 P. M.

21. I hereby certify that I attended the deceased from Jan 22, 1946, to Feb 4, 1946, that I last saw him alive on Feb 4, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death... Pulmonary embolism

Due to... Branch pneumonia left lung

Due to... Virus?

Other conditions... _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations... no

Of autopsy... no

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? _____

While at work? _____ (Specify type of place), _____ (c) Means of injury _____

23. Signature... [Signature] (M. D. or other) _____

Address... RC 2NW Date signed... 2-5-46

9346
12-5-38
Professional Seal

FEB 23 1949

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 Carl Rapp
Licensed Embalmer No. 23458
P. O. Address K.C. 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.