

No. 2
M-5-43
v. 5-17-39
I X36871

FILED JUN 25 1946
149

Registration District No.

Primary Registration District No. 1002

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 6 hrs.
(Specify whether
In this community... 40 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... 2719 Mersington 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Harry Walter Strader

3. (b) If veteran, name war... No
3. (c) Social Security No. 497-28-5826

4. Sex... Male 0
5. Color or race... White
6. (a) Single, widowed, married, divorced... Widowed
6. (b) Name of husband or wife... Nettie E. Strader
6. (c) Age of husband or wife if alive... * years
7. Birth date of deceased... 12 7 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 6 1 hr. min.

9. Birthplace... Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation... Janitor

11. Industry or business... Crown Drug Company

12. Name... W.P. Strader

13. Birthplace... Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name... Selina Cox

15. Birthplace... Missouri A
(City, town, or county) (State or foreign country)

16. (a) Informant... Mrs. Mary McNeese

(b) Address... 2719 Mersington

17. (a) (b) Date thereof... 6-10-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Memorial Park

18. (a) Signature of funeral director... Mrs. C. L. Forster
(b) Address... Kansas City, Missouri

19. (a) 6-10-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... June 8
year... 1946 hour... 3 minute... P. M.

21. I hereby certify that I attended the deceased from... 6-8-... 19 46 to... 6 -8-... 19 46;
that I last saw him alive on... 6 8... 19 46;
and that death occurred on the date and hour stated above.

Immediate cause of death
Intracerebral hemorrhage

Due to.....

Due to.....

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

Major findings:
.. Of operations... 83a

Of autopsy... See above

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... 0

23. Signature... (M. D. or other) 0

Address... Med. Dir. Gen'l Hosp. 6-10-46

Date signed... 6-10-46

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

15408

MOTHER FATHER

Handwritten notes or signature in the top right corner.

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 *Lewis R. P. Davis*

Licensed Embalmer No. *4916*

P. O. Address *918 Brooklyn, R.P., Md*

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.