

No. 2
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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

23835

State File No. _____

FILED AUG 5 1946

Registrar's No. 3241

Registration District No. 149

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: ST. JOSEPH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7-DAYS
(Specify whether years, months or days)

In this community 1 week

3. (a) PRINT FULL NAME MR. WALTER A. STRONG

3. (b) If veteran, name war No

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. ELLA STRONG

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased JULY 30 1905
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>40</u>	<u>11</u>	<u>23</u>	hr. min.

9. Birthplace BISBEE ARIZONA
(City, town, or county) (State or foreign country)

10. Usual occupation TRAINMAN

11. Industry or business ROCK ISLAND R.R.

12. Name CHARLES STRONG

13. Birthplace BISBEE ARIZONA
(City, town, or county) (State or foreign country)

14. Maiden name DORA SHERMAN

15. Birthplace COOK COUNTY ILLINOIS
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. ELLA STRONG

(b) Address JOLIET, ILLINOIS

17. (a) CREMATION (b) Date thereof JULY 26 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D.W. NEWCOMER'S SONS.

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

(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 7-25-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County WARREN ⁹⁹⁹

(c) City or town JOLIET ¹¹
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) ⁰ ²¹

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 23 RD
year 1946 hour 1 minute 30 ^{P.} ^{M.}

21. I hereby certify that I attended the deceased from July 9 to July 22 1946
that I last saw him live on July 23 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis

Duration 6 mo

Due to _____

Due to _____

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

Major findings: 9/12

Of operations _____

Of autopsy _____

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)

23. Signature William M. Korth (M. D. or other) MD

Address Professional Bldg Date signed 7/24/46

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

MOTHER FATHER

612
1-5
Carpenter's

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. Calhoun

Licensed Embalmer No. 3506

P. O. Address Kemo.

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.