

S. No. 2
FORM-5-43
REV. 5-17-39
I X36672

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30479**
Registrar's No. **3952**

FILED OCT 7 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:
General Hospital No. 10
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 33 days
(Specify whether years, months or days) no yrs.

3. (a) PRINT FULL NAME Flora Streva

3. (b) If veteran, name war no 3. (c) Social Security No. 496-01-3116

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Streva 6. (c) Age of husband or wife if alive unk. years

7. Birth date of deceased Feb 10 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>7</u>	<u>6</u>	hr. min.

9. Birthplace Eudora Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Edwin C. Allen

13. Birthplace Eudora Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Allie E. Scates

15. Birthplace Eudora Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clifford James

(b) Address Lawrence Park 821 Hickman

17. (a) Burial (Burial, cremation, or zangval) (b) Date thereof 9 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Vinland Kansas

18. (a) Signature of funeral director E. C. Cursey

(b) Address Missouri Kansas

19. (a) 9-17-46 (Date received local registrar) (b) Heraldine Holma (Registrar's signature)

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. 2712 1/2 E. 24 Terr.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16
year 1946 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from Aug. 13, 1946, to Sept. 16, 1946
that I last saw her alive on Sept. 16, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral vascular accident

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) g 3a

Major findings: Of operations

Of autopsy None

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 Wm W. Hair (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 9-16-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. M. A. ...

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. 7168
working under my personal supervision.

Signed J. S. Runney
Licensed Embalmer No. 4165
P. O. Address Mission Kansas

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.