No. 2
12-45
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 16 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33792

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4218

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~~:
LAKESIDE HOSPITAL O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 9 DAYS (Specify whether
In this community 30 YEARS
years, months or days)

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. 2900 THE PASEO
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MRS CORA BELLE STREHLE

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband ~~or wife~~ MR WILLIAM STREHLE

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

7. Birth date of deceased NOVEMBER 20 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	10	14	hr. min.

9. Birthplace PETERSBURG ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name JACOB HOFING
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name CLARISSA ELMORE
15. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. ROGER RANKIN
(b) Address 405 WEST-58TH STREET

17. (a) REMOVAL (b) Date thereof OCT-7-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ PETERSBURG, ILLINOIS

18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 10-5-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 4TH
year 1946 hour 4 minute 50 P. M.

21. I hereby certify that I attended the deceased from 5:30 PM
25, September, 1946 to 4:50 PM - 4, October 1946
that I last saw her alive on October 4, 1946, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	25, Sept. 46
Due to Secondary Metastatic Carcinoma of Lungs	UNKNOWN
Due to Primary Foci in Pelvis.	UNKNOWN
Other conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations — 55 [illegible]
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? 2
(Specify type of place)

While at work? (e) Means of injury

23. Signature Dr. E. R. Geogan ~~(M.D. or~~ other) D.O.
Address LaReside Hospital Date signed Oct. 5, '46

(Licensed Embalmer's Statement on Reverse Side)

10-12

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.....Bernard L Foran.....

Licensed Embalmer No.....4250.....

P. O. Address.....Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.