No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 6 1947

Registration District No. 72

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41170

Primary Registration District No. 3013

Registrar's No. 145

1. PLACE OF DEATH:

(a) County: Clay

(b) City or town: North Kansas City, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home 401 East 14th St, North Kansas City, Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: XXXXXX (Specify whether

In this community: 20 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Clay 24

(c) City or town: North Kansas City (If outside city or town limits, write "RURAL") 3

Street No.: 401 East 14th St. (If rural, give location) 1

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country: X

3. (a) PRINT FULL NAME: Chancy Depew Streeter

3. (b) If veteran, name war: X

3. (c) Social Security No.: X

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Mary Streeter

6. (c) Age of husband or wife if alive: 60 years

7. Birth date of deceased: Jan (Month) 22 (Day) 1880 (Year)

8. AGE: 67 Years | Months 10 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace: Macon County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Labor

11. Industry or business: Self

FATHER
12. Name: Mae Streeter
13. Birthplace: Macon County, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Barks.
15. Birthplace: Macon County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Mary Streeter
(b) Address: 401 E.14th St.No. Kan.City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-23-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: East Sloap Cem.Mo.

18. (a) Signature of funeral director: Morton Smith's F.H.
(b) Address: 832 Armour Rd. N.K.City, Mo.

19. (a) Dec 23rd 47 (Date received local registrar) (b) Beulah Kitchen (Registrar's signature) 62

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20 year 1947 hour 6 minute 30 a.M.

21. I hereby certify that I attended the deceased from ....., 19...., to 20 Dec, 1947 that I last saw h..... alive on 20 Dec, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	4 days
Hypertensive	
Due to: Cardiovascular Disease	unknown
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 930	

PHYSICIAN

Underline the cause of 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? (Specify type of place) 0

While at work? (e) Means of injury

23. Signature: [signature] (M. D. or other) MD

Address: 2626 Swift Date signed: 23 Dec 47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6.
District File Number
Date Filed 1-5-48

JAN 6 1948

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 Chester R Hanning, Registered Apprentice No. 447, working under my personal supervision.

Signed Theron O. Smith

Licensed Embalmer No. 3928

P. O. Address N-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.