

Registration District No. 150

Primary Registration District No. 5574

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town RURAL VAN BUREN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D.#1, LEES SUMMIT 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 3 MONTHS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County JOHNSON
(c) City or town OVERLAND PARK 999
(If outside city or town limits, write "RURAL")
(d) Street No. 8148 OVERLAND BLVD 14
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. JOSEPHINE D. STRIBLING

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. FRANK MILTON STRIBLING 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased DECEMBER 19 1892
(Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation AT HOME

11. Industry or business _____

12. Name JOHN DIRREEN

13. Birthplace UNKNOWN ILLINOIS
(City, town, or county) (State or foreign country)

14. Maiden name NANCY CUNNINGHAM

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

16. (a) Informant MRS. FOREST R. NOEL

(b) Address R.F.D.#1, LEES SUMMIT MISSOURI

17. (a) BURIAL (b) Date thereof MARCH 12 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director D. H. Newcomer, Sr.

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 3/12/48 (b) Donald C. Barnhart
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1948 hour 10:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from March 6, 1948 to March 9, 1948
that I last saw her alive on March 9, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Left Lung 2 yrs.
Duration _____

Due to _____

Due to _____

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

Major findings: Of operations 475
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) (e) Means of injury 0

23. Signature Clint L. Miller (M. D. or other) MD
Address Lees Summit Mo Date signed 3-10-48

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

148
0
0

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 John E. Praking

Licensed Embalmer No. 4483

P. O. Address Kansas City, 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.