

S. No. 300
V. 10.48

FILED DEC 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40567
Registrar's No. 143

BIRTH NO. _____ REG. DIST. NO. 92 PRIMARY REG. DIST. NO. 3019

1. PLACE OF DEATH
a. COUNTY CLAY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY CLAY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NORTH KANSAS CITY c. LENGTH OF STAY (in this place) 9 YRS

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN North Kansas City

d. FULL NAME OF HOSPITAL OR INSTITUTION 1203 E. 21st Street d. STREET ADDRESS (If rural, give location) 1203 E. 21st Street

3. NAME OF DECEASED (Type or Print)
a. (First) MARY b. (Middle) ELIZABETH c. (Last) STRAHAN

4. DATE OF DEATH (Month) (Day) (Year) DEC. 20 1949

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH Aug 14, 1863 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 18 HRS. Hours Min. 86

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home 10b. KIND OF BUSINESS OR INDUSTRY ✓ 11. BIRTHPLACE (State or foreign country) ILLINOIS 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Christie 13b. MOTHER'S MAIDEN NAME ELIZABETH MURRAY 14. NAME OF HUSBAND OR WIFE L. J. STRAHAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS GLADYS WILLIAMS N. KANSAS CITY MO 1203 E 21st St

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pneumonia INTERVAL BETWEEN ONSET AND DEATH 5 days
ANTECEDENT CAUSES DUE TO (b) Congestive heart failure 2 months
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Auricular fibrillation 1 year
II. OTHER SIGNIFICANT CONDITIONS Semibity 4331
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from August 1948 to Dec 20, 1949, that I last saw the deceased alive on 18 Dec, 1949, and that death occurred at 3:00 A m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) James P. McFarland, M.D. 23b. ADDRESS 2025 Swift No. Clay 23c. DATE SIGNED 20 Dec 49

24a. BURIAL, CREMATION, REMOVAL (Specify) Reburial 24b. DATE 12/22/49 24c. NAME OF CEMETERY OR CREMATORY Belton Cemetery 24d. LOCATION (City, town, or county) (State) Belton Mo

DATE REC'D BY LOCAL REG. Dec 21-1949 REGISTRAR'S SIGNATURE Beulah Kitchens 63 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS B. H. Green & Sons Belton Mo

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

Rec 12-24-

DEC 24

RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed 12-27-49

503628
Mrs. K. K. K.

SEP 24 1954

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 -----

Student Embalmer No. -----

working under my personal supervision.

Student -----
Student Embalmer

Signed A. K. George

Licensed Embalmer No. 3645

P. O. Address Grandview, 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.