

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24685
3128

State File No.

Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 30 yrs		d. STREET ADDRESS (If rural, give location) 1402 Virginia	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2			

3. NAME OF DECEASED (Type or Print) a. (First) Major b. (Middle) — c. (Last) Strong			4. DATE OF DEATH (Month) (Day) (Year) 7 6 52		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 1-14-66		9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months Days 7 6	
IF UNDER 24 HRS. Hours Min. 52		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Georgia			12. CITIZEN OF WHAT COUNTRY? America		

13a. FATHER'S NAME Henry Strong		13b. MOTHER'S MAIDEN NAME Martha		14. NAME OF HUSBAND OR WIFE ?	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Hospital Records	
ADDRESS		ADDRESS		ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis and Hypertension.		DUPLICATE TO (b) _____				DUPLICATE TO (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.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				1. Osteomyelitis, left knee 2. Osteoarthritis.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 4-21-52, 19 , to 7-6-52, 19 , that I last saw the deceased alive on 7-6-52, 19 , and that death occurred at 9:10 a. m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis, M.D.		23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 7-7-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-9-52		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Kansas	
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DATE REC'D BY LOCAL REG. 7-9-52		REGISTRAR'S SIGNATURE Heraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Walter W. Hattler		ADDRESS K.C.K.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Nathan W. Hatcher

Licensed Embalmer No. *2700*

P. O. Address *N.C.H.*

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.