

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300
10.48

FILED NOV 22 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4813

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. LENGTH OF STAY (In this place) <u>47 yrs</u> | |
| c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | d. STREET ADDRESS (If rural, give location) <u>310 No Elmwood</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #1</u> | | 3. NAME OF DECEASED (Type or Print) a. (First) <u>VIOLA</u> b. (Middle) _____ c. (Last) <u>STRODTMAN</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>10/30/52</u> | | 5. SEX <u>Fem</u> | |
| 6. COLOR OR RACE <u>Wh</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wid.</u> | |
| 8. DATE OF BIRTH <u>7/20/1879</u> | | 9. AGE (In years last birthday) <u>73</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> | |
| 13a. FATHER'S NAME <u>Milton Ferry Johnson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary F. Dennis</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Otto Strodtman (Dec)</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | |
| 16. SOCIAL SECURITY NO. <u>no</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Emily Plattenburg, 508 Blue Ridge</u> | |
| 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) <u>2nd + 3rd Degree P5 9/18</u> ANTECEDENT CAUSES <u>Body</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>123</u> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21a. ACCIDENT (Specify) <u>Accident</u> | |
| 21b. PLACE OF INJURY (e.g., in or about home, factory, store, office building, etc.) <u>Home</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson Mo</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10 29 52</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? <u>Burning from clothes caught fire</u> | | 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | |
| 23a. SIGNATURE <u>Geraldine Smith</u> | | 23b. ADDRESS <u>1034 Piatt Bldg</u> | |
| 23c. DATE SIGNED <u>10-31-52</u> | | 24. (BURIAL, CREMATION, REMOVAL) (Specify) <u>Burial</u> | |
| 24a. DATE <u>11/3/52</u> | | 24b. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington</u> | |
| 24c. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John P. Sheil, K. C. Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>11-3-52</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Smith</u> | |

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

(Licensed Embalmer's Statement on Reverse Side)

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 Richard E. Carroll

Licensed Embalmer No. 4829

P. O. Address 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.