S. No. 2
OM—5-43
v. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23237

FILED JUL 17 1945

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 2828

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4141½ East 6 St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 30 Yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 4141½ East 6 St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William R. Stringfield
3. (b) If veteran, name war none
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marybelle Stringfield
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Jan 30 1865 (Month) (Day) (Year)

8. AGE: Years 80 | Months 5 | Days 1 | If less than one day hr. min.

9. Birthplace ILLINOIS (City, town, or county) (State or foreign country)
10. Usual occupation Draftsman Refired
11. Industry or business

MOTHER FATHER
12. Name Thomas Stringfield
13. Birthplace McLean Co Illinois (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Jane Rust
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Marybelle Stringfield
(b) Address 4141½ East 6 St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cem.
18. (a) Signature of funeral director Mrs C. L. Forster
(b) Address 918 Brooklyn
19. (a) 7-5-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st year 1945 hour 12 minute 10 A. M.
21. I hereby certify that I attended the deceased from July 1 1945; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to	
Due to 94a	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings: Of operations no operation
Of autopsy no autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

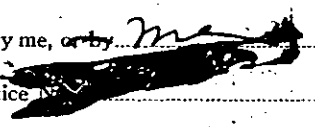
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature T. H. Curtis (M. D. or other) Address Kansas City Date signed 7/1/45

(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~~ me



, Registered Apprentice

working under my personal supervision.

Signed Theron R. Redmon

Licensed Embalmer No. 2737

P. O. Address Kelso, 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.