

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORDING INSTRUMENTS IS A PERMANENT RECORD

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

10906
10856
1117

1. PLACE OF DEATH

County Jackson Registration District No.
Township Law Primary Registration District No.
City Kansas City (No. 910 Ward Parkway) St. Ward)

File No.
Registered No.

2. FULL NAME

Frank A. Schaak
(a) Residence. No. 910 Ward Parkway 10 Ward.

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (single the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pauline Schaak

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 2 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>71</u>	<u>10</u>	<u>19</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Jeweler
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN; STATE OR COUNTRY) Buffalo New York

10. NAME OF FATHER Mr. Schaak

11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Eva Heindl

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY) Germany

14. INFORMANT Pauline Schaak
(Address) 910 Ward Parkway

15. FILED 3/22 1929 M. M. Browne REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/21 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 21, 1929 to Mar 21, 1929, and that I last saw him alive on 3/21, 1929, and that death occurred, on the date stated above, at a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute dilatation of heart
1929
1948
1948
CONTRIBUTORY fractured hip - Bronchitis
(SECONDARY) Septic uerjall
(duration) yrs. 4 mos. 12 da.

18. WHERE WAS DISEASE CONTRACTED Home
IF NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH? no DATE OF ...

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS renal symptoms
(Signed) S. H. ... M.
3/22, 1929 (Address) 901 Champ Bldg Kansas City

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery K.C. Mo DATE OF BURIAL Mar 23 1929

20. UNDERTAKER H. A. Rising ADDRESS K. C. Kan

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17. 10. 1900
S. 1. 1. 1. 1. 1.

17. 10. 1900

17. 10. 1900