

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.

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

Do not use this space.

SEP 20 1934

29470

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 29470
Township Jean Primary Registration District No. 1002 Registered No. 5755
City Kansas City (No. KC General) St. 500 (Ward)

2. FULL NAME

Miss Emma Scholze
(a) Residence, No. 1167 1/2 Quincy St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 25, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 5 9 23

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
13. NAME Osear Scholze

FATHER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Williamina Denlasky

MOTHER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT William Scholze
(ADDRESS) 216 S. Ash, Indep. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Aug. 20-34

19. UNDERTAKER C. H. Blackman & Son, Inc.
(ADDRESS) 2825 Indep. K. C. Mo.

20. FILED 6/19 1934 M. M. Caspary
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-18 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-17 1934 to 8-18 1934
I last saw her alive on 8-18 1934 Death is said to have occurred on the date stated above, at 11:00 am
The principal cause of death and related causes of importance were as follows:

Chronic interstitial Nephritis & uremia
131
132B
Other contributory causes of importance

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) P. De Maria M. D.
(Address) 202 1/2 S. 1st KC Gen Hosp KC Mo

