APR 16 1937

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

Do not use this space.

11609

File No. 48

Registered No.

1. PLACE OF DEATH

County Clay

Township ~~Fishing River~~

City Excelsior Springs, Mo. No. Veterans Administration Facility St. 3d Ward)

Registration District No. 198

Primary Registration District No. 3011

2. FULL NAME SCHWANEKE, Fred C.

(a) Residence, No. Veterans Administration Facility Ward. 3710 East 26th St., Kansas City, Mo.
(Usual place of abode) Excelsior Springs, Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1876

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
60	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Refrigeration Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leavenworth, Kansas

FATHER

13. NAME Charles Schwaneke

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

MOTHER

15. MAIDEN NAME Anna Frana

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Hospital records Leavenworth, Kans.

18. BURIAL, CREMATION, OR REMOVAL PLACE Leavenworth, Ks. DATE 3-12 1937

19. UNDERTAKER (ADDRESS) J.C. Davis Undertaking Co. Leavenwurth, Kansas

20. FILED March 12, 1937 Lorena McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23, 1936, 19, to March 11, 1937, 19

I last saw him alive on March 11, 1937, 19. Death is said to have occurred on the date stated above, at 5:42 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Carcinoma of Liver	

Other contributory causes of importance: --

Name of operation None Date of

What test confirmed diagnosis? Exam. & Obs. Was there an autopsy? Yes

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 Unknown

(Signed) H. C. Hardegree, M. D.

(Address) H. C. HARDEGREE, MD, Clinical Director. Veterans Adm. Facility, Excelsior Springs, Mo.

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.