REC'D JUL 12 1938

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

21154
Do not use this space.

399

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 1002
(b) Township Kaw — Primary Registration District No. — Registered No. 2604
(c) City Kansas City — (d) Street No. 3310 Virginia St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William J. Schott 300
(a) Residence, No. 3310 Virginia St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): November 7, 1881

7. AGE: YEARS 56 — MONTHS 7 — DAYS 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Gray Bar
9. Industry or business in which work was done, as saw mill, bank, etc.: Electrical Co.
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): Missouri 6

FATHER
13. NAME: John G. Schott 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 6

MOTHER
15. MAIDEN NAME: Henrietta Kaiser
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT: Mrs. Pauline Schott (Wife)
(ADDRESS) 3310 Virginia, Kansas Cy., Missouri

18. BURIAL ~~XXXXXXXXXXXXXXXX~~ Mt. Washington Cem.
PLACE Kansas City, Mo. DATE June 29 1938

19. FUNERAL DIRECTOR (NAME): Stine & McClure
(ADDRESS) Kansas City, Missouri.

20. FILED 6-28 1938 M M Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 27- A.M., 1938, to June 27- P.M., 1938
I last saw him alive on June 27-, 1938. Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset

Other contributory causes of importance:
Hypertension
B.T. yesterday after hemorrhage 290-

Name of operation none — Date of ✓
What test confirmed diagnosis? Clinical — Was there an autopsy? no

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? no
If so, specify
(Signed) Geo. A. Norberg M. D.
(Address) 618 Professional Bldg.

(Licensed Embalmer's Statement on Reverse Side)

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.

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.