

Marie H. Schrader correct spelling.

RECEIVED FEB 20 1939

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

1202

Do not use this space.

215

**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 200  
 (b) Township Kaw Primary Registration District No. 200 Registered No. 215  
 (c) City Kansas City, Mo. (d) Street No. 4016 Walnut Str. K.C. Mo. 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** Marie H. Schrader

(a) Residence, No. 4016 Walnut Street, K.C. Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 Henry A. Schrader

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16th, 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
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8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
 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) Wisconsin13. NAME J. H. Nelson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norway15. MAIDEN NAME No Record.

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

17. INFORMANT Henry A. Schrader  
(ADDRESS) 4016 Walnut Str., K.C. Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem. DATE Jan. 18th, 193919. FUNERAL DIRECTOR (NAME) Mrs. C.L. Forster  
(ADDRESS) 918 Brooklun Avenue, K.C. Mo.20. FILED Jan. 17, 1939 M. M. Crow, clerk  
Local Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16th, 193922. I HEREBY CERTIFY, That I attended deceased from October, 1931, to Jan. 16, 1939I last saw her alive on Jan. 14, 1939. Death is said to have occurred on the date stated above, at Am.

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

Chronic Bronchitis Date of onset Oct. 1931  
Chronic Myocarditis with acute attack & failure Nov. 1938

Other contributory causes of importance: 930Oedema general

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) Sesalbin Perry M. D.(Address) 843 Angyle Bldg.

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.

12:30 pm 843 *Angela*

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**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 comply with the above constitutes grounds for revocation of license.)**

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