

REC'D APR 17 1939

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

9410  
Do not use this space.

1016

1. PLACE OF DEATH  
 (a) County Jackson 2 Registration District No. 399  
 (b) Township Kew 1 Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. 1010 Norton 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 John J. Schwab  
 (a) Residence, No. 1010 Norton 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 M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dorothy Schwab  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16, 1858  
 7. AGE YEARS 81 MONTHS 1 DAYS 17 If LESS than 1 day, .....hrs. or .....min.

OCCUPATION  
 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. Retired  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 5 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1939, to Mar 5 1939  
 I last saw him alive on Mar 5 1939 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Bronchial Pneumonia  
Coronary Sclerosis  
920  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance:  
arterio-sclerosis  
 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) E. C. Ramsey, M. D.  
 (Address) 311 Argyle Bldg.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6  
 13. NAME Unknown 6  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6  
 15. MAIDEN NAME Unknown 6  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 17. INFORMANT (ADDRESS) Mrs Dorothy Schwab  
1010 Norton  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Harlan Ia DATE 3-6- 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wamsley Fun'l Home  
Independence  
 20. FILED Mar 6 1939 M. M. Crowe  
 Local Registrar.

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.

1037  
C. B. Wansley

**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, .....

*O. B. Wansley*

....., or by .....

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

Signed..... *O. B. Wansley* .....

Licensed Embalmer No. *342.5* .....

P. O. Address..... *Independence* .....

**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.**