

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

9504
Do not use this space.

APR 17 1939

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. St. Joseph Hospital 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 536 Griggs SCHNEIDER
 (a) Residence, No. _____ St. Tintah, Minnesota.
 (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 Mrs Mable Schneider

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27, 1890.

7. AGE YEARS 48 MONTHS 5 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as 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) I O W A

FATHER 13. NAME John Schneider
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)? unk. 9

MOTHER 15. MAIDEN NAME Phoebe Griggs
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)? unk. 9

17. INFORMANT Mrs Mable Schneider, wife,
 (ADDRESS) Tintah, Minnesota.

18. PLACE OF DEATH OR REMOVAL to PLACE Tintah, Minn. DATE 3/12/39.

19. FUNERAL DIRECTOR (NAME) Melody-McGilley
 (ADDRESS) K.C. Mo.

20. FILED Mar 12 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-11-39 19

22. I HEREBY CERTIFY That I attended deceased from _____, 19____
 I last saw him alive on Coroner's to _____, 19____
 to _____ of the date stated above, at 3:30 P.M. Death is said
 to have been caused by _____
 The principal cause of death and related causes of importance were as follows:
Coronary sclerosis
Acute myocardial degeneration
Acute pulmonary edema 93°
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 _____
 (Signed) Walter H. Butler, M. D.
 (Address) Gen Hosp. K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
 V. S. NO. 2-1
 50M-9-1-38
 I X16605

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

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