

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

21285
Do not use this space.

DEC 10 JUL 10 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399

(b) Township Kaw Primary Registration District No. 100 Registered No. 2553

(c) City K. C. Mo. (d) Street No. Roanoke Home St.

(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 400 Mrs. Mary Frances Schooley

(a) Residence, No. 1014 West 37th St. 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Levi A. Schooley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 20, 1842

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	96	10	2	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

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) Woodstock, Canada

FATHER 13. NAME William F. Cromwell 2

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waterloo, N. Y. 1

MOTHER 15. MAIDEN NAME No Record 9

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Arthur Schooley
1014 West 37th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE June 24, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John W. Wagner
Kansas City, Mo.

20. FILED 624 39 M. M. Brown 19. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-10, 1937 to 6-22, 1939

I last saw her alive on 6/19, 1939. Death is said to have occurred on the date stated above, at 5:30 PM

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

Senile Cerebral Sclerosis (Arterio Sclerotic) 1 yr

Other contributory causes of importance: Numerous ulcers over body 2 mo

Name of operation _____ 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? no 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 Ed Burkhardt, M. D.

(Signed) Ed Burkhardt (Address) 2246 Summit K. C. Mo.

Dr. E. A. Burkhardt,

3346 Summit

WE 1703

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 A. R. Haunschild
Licensed Embalmer No. 4062
P. O. Address K. C. Mo

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.