DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31553

Registration District No. 399 — OCT 1 1939

Primary Registration District No. 1002

Registrar's No. 3651

OCT 18 1939

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kaw (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Research Hospital, KansasCity, Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City, Missouri (If outside city or town limits, write "RURAL")

(d) Street No. 4716 1/2 East 24th, Str., K.C.Mo. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME John F. Schroeder 636

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ellen Schroeder

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased May 23rd, 1880 (Month) (Day) (Year)

8. AGE: Years 59 | Months 3 | Days 24 | If less than one day ____ hr. ____ min.

9. Birthplace Florence Missouri. (City, town, or county) (State or foreign country)

10. Usual occupation Guard at Com. Safe Dep. Dept.

11. Industry or business -------

FATHER
12. Name Herman Schroeder
13. Birthplace Florence, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hinken
15. Birthplace Florence, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ella A. Schroeder,

(b) Address 4716 1/2 East 24th, St., K.C.Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 19-39 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Mrs. C.L.Forster

(b) Address 918 Brooklyn Avenue, K.C.Mo.

19. (a) Sept 18 1939 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17th, 1939 year 1939 hour ____ minute P M.

21. I hereby certify that I attended the deceased from Sept 3, 39, to Sept 18, 39; that I last saw him alive on Sept 18, 39; and that death occurred on the date and hour stated above.

Immediate cause of death General peritonitis - (Colon bacillus) Septicemia (Colon bacillus)

Due to Perforation ileum

Due to Volvulus -

Other conditions Intermittent attacks (Include pregnancy within 3 months of death) Partial obstruction (bowels)

Major findings:
Of operations ____
Of autopsy Peritonitis, perforation ileum, Volvulus,

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature D. D. Edmonds (M. D. or other)

Address 4800 E 24th St Date signed 9/19/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 X19511

Dr. D.D. Edmonds,
4800 East 24th, Str.,
Be: 5949

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 Benjil C. Browning

Licensed Embalmer No. 2726

P. O. Address 918 Brooklyn

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.