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

18 1939

31589
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kaw
(c) City Kansas City, Mo.
(d) Street No. Home 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 57 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 399
Primary Registration District No. 1002
Registered No. 3687

2. PRINT FULL NAME Hans Peter Kruse Schweder
(a) Residence, No. 2638 Madison Ave., Kansas City, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

360

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: Mary L. Schweder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 18-1868

7. AGE: YEARS 71 | MONTHS 6 | DAYS 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Oiler
9. Industry or business in which work was done, as saw mill, bank, etc. Frisco R. R.
10. Date deceased last worked at this occupation (month and year) 6-25
11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Aroskobing Denmark 7

FATHER
13. NAME: Heinrick Schweder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 6

MOTHER
15. MAIDEN NAME: Johanna Jensen 6
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dyeborg Denmark

17. INFORMANT (ADDRESS): Mrs. Mary L. Schweder 2638 Madison KC. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland Park DATE Sept. 21, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Jos. A. Butler & Son K.C.K.

20. FILED Sept 20, 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6/1/36, 1939 to Sept. 19, 1939
I last saw him alive on Sept. 19, 1939 Death is said to have occurred on the date stated above, at 5:45AM
The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral thrombosis

Other contributory causes of importance:

Generalized Arteriosclerosis

Name of operation no 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?
If so, specify
(Signed) [signature], M. D.
(Address) K.C. Kans

(Licensed Embalmer's Statement on Reverse Side)

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.

X14028

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, Ross Bee, or by .....,

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

Signed Ross Bee

Licensed Embalmer No. Mo 3426

P. O. Address Kansas City Kansas

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.