No. 2
11-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24099

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 2709

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 2760 Holmes Street 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ (Specify whether

In this community About 40 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2760 Holmes Street (If rural, give location)

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

3. (a) PRINT FULL NAME Mr. Otto W. Schmale 540

3. (b) If veteran, name war None

3. (c) Social Security No. 714-07-0742

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Emma Schmale

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased October (Month) 22 (Day) 1876 (Year)

8. AGE: Years 63 Months 8 Days 12 If less than one day ___ hr. ___ min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 6

10. Usual occupation Employee of

11. Industry or business American Railway Express 6

FATHER
12. Name Charles Schmale
13. Birthplace (City, town, or county) Germany (State or foreign country) 6

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Emma Schmale

(b) Address 2760 Holmes Street

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof July 7, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) July 6, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 year 1940 hour 11 minute 25A.M.M.

21. I hereby certify that I attended the deceased from ___, 19__ to ___, 19__; that I last saw ___ alive on ___, 19__; and that death occurred on the date and hour stated above.

Reporter Coroner

Immediate cause of death Hemopericardium 96

Due to Rupture of the aorta

Due to Idiopathic Cystic Median aortic necrosis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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 [signature] (M. D. or other) 5

Address K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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