

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH: **Jackson**
(a) County **Kansas City**
(b) City or town **Kansas City**
(c) Name of hospital or institution **en route to General Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 weeks** (Specify whether years, months or days)
In this community **5 weeks**

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. **1015 East Armour**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **EVELYN MARIE SCHMELING**
(b) If veteran, name war **no** (c) Social Security No. **no**
4. Sex **Female** 5. Color **White** 6. (a) Single, widowed, divorced, or married **Married**
6. (b) Name of husband or wife **Frank W. Schmeling** 6. (c) Age of husband or wife, if alive **40** years
7. Birth date of deceased **October 1 1908**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **17**
year **1940** hour **7:00** minute **P.** M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____
that I last saw him/her _____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

8. AGE: Years **31** Months **08** Days **16** If less than one day _____ hr. _____ min.
9. Birthplace **Denver Colorado**
(City, town, or county) (State or foreign country)
10. Usual occupation **Housewife**

Due to **Lypol poisoning**
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER
11. Industry or business _____
12. Name **William Neff**
13. Birthplace **Nebraska**
(City, town, or county) (State or foreign country)
14. Maiden name **Mayme Harris**
15. Birthplace **Nebraska**
(City, town, or county) (State or foreign country)
16. (a) Informant's own signature **W. Paul Schmeling**
(b) Address **Superior Nebraska**
17. (a) **Removal** (b) Date thereof **7-18-40**
(Burial, cremation, or removal) (City, town, or county) (Month) (Year)
(c) Place: burial or cremation **St. O'Donnell's**
18. (a) Signature of funeral director **W. P. Donnell**
(b) Address **3266 Broadway**
19. (a) **July 18, 1940** (b) **M. M. Craze**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
accident, suicide, or homicide (specify) **suicide**
(b) Date of occurrence **7-17-40**
(c) Where did injury occur? **K. C. Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (Place of injury)
23. Signature **W. P. Donnell** (M. D. or other)
Address **K. C. Mo.** Date signed _____

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.....

Park G. Rowe

Licensed Embalmer No.....

2847

P. O. Address.....

R. 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.