

Registration District No. **895 1/1 1940** Primary Registration District No. **1002**

Registrar's No. **2912**

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:  
**Tate Home, 3231 Prospect**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community **39 Yrs.** (Specify whether 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. **4508 Wyoming**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Fred Schota 301**  
(b) If veteran, **No** 3. (c) Social Security No. **No**  
name war \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **19th**  
year **1940** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Ada Schota** 6. (c) Age of husband or wife if alive **66** years  
7. Birth date of deceased **4 12 1869**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **3-26-39**, 19\_\_\_\_, to **7-18-40**, 19\_\_\_\_;  
that I last saw him alive on **7-18-40**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic pneumonia**

8. AGE: Years **71** Months **3** Days **7** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to **cerebral hemorrhage and arteriosclerosis**

9. Birthplace **Louisville, Kentucky**  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

10. Usual occupation **Retired-Custodian**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business **Baking Co.**

Major findings: \_\_\_\_\_

12. Name **Fred Schota**

Of operations \_\_\_\_\_

13. Birthplace **Unknown, Kentucky**  
(City, town, or county) (State or foreign country)

Of autopsy \_\_\_\_\_

14. Maiden name **Unknown**

Underline the cause to which death should be charged statistically.

15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Ada Schota**

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

(b) Address **4508 Wyoming**

(b) Date of occurrence \_\_\_\_\_

17. (a) **Burial** (b) Date thereof **7 21 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

(c) Place: burial or cremation **Memorial Park**

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director **Melody & McMillan**

(Specify type of place) \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(b) Address **3133 Euclid** (c) Means of injury **!**

(b) Address **3133 Euclid**

23. Signature **Wesley R. Thore** (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

19. (a) **July 21, 1940** (b) **M. M. Crause**  
(Date received local registrar) (Registrar's signature)

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**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. 267  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**