

FILED OCT 11 1940

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

31063

Do not use this space.

1. PLACE OF DEATH

(a) County Wesley Hospital Jackson Registration District No. 399
(b) Township 0 Primary Registration District No. 1002 Registered No. 3626
(c) City Kansas City, Mo. (d) Street No. Wesley Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Barbara Ann Schroeder 214 Higginsville, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fe 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1940.
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 15 hrs. or 15 min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wesley Hospital, Mo. 0

FATHER 13. NAME Leonard Schroeder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Emmora, Mo. 0

MOTHER 15. MAIDEN NAME Hildegard Suedmeyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rosa Bend, Mo.

17. INFORMANT Mrs. Mary Suedmeyer
(ADDRESS) Higginsville, Mo., Aunt.

18. BURIAL, CREMATION, OR REMOVAL PLACE Higginsville, Mo DATE 9-16 40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Halbert Meinerslager
Higginsville, Mo.

20. FILED Sept. 16, 1940 M. M. Crooke
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

Born 5:30 a.m.
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/15/40 - 8:45 p.m.

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Toxemia of pregnancy
158

Other contributory causes of importance: 158
Mother - Periperal eclampsia.

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical - not a yes Was there an autopsy? yes

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) Maurice L. Jones, M. D.
(Address) 909 Maple Bluff
361 Kansas City, Mo.

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.....

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.