

FILED OCT 11 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31206

Registrar's No. 3769

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

- (a) County Jackson
 (b) City or town Kansas City, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Mary's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: 77 days
 (Specify whether
 In this community Non-Resident
 years, months or days)

3. (a) PRINT FULL NAME Charles E. Schultz3. (b) If veteran, Charles E. Schultz, (c) Social Security
name war. No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife Wife 6. (c) Age of husband or wife if
Bertha Schultz alive 71 years7. Birth date of deceased 6/23/67
(Month) (Day) (Year)8. AGE: Years 73 Months 3 Days 5 If less than one day
hr. min.9. Birthplace Buchanan Virginia
(City, town, or county) (State or foreign country)10. Usual occupation Retired Farmer

11. Industry or business

12. Name Joseph Schultz13. Birthplace No Record
(City, town, or county) (State or foreign country)14. Maiden name Jane Dill
(City, town, or county) (State or foreign country)15. Birthplace No Record
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Bertha Schultz
(b) Address Richards, Missouri17. (a) Burial (b) Date thereof 9-30-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Richards, Missouri18. (a) Signature of funeral director Honorable Kirk Home(b) Address Fort Scott, Kas19. (a) 9-29-40 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Kansas (b) County _____
 (c) City or town Fort Scott
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 28
year 1940 hour 7 minute 25 P.M.21. I hereby certify that I attended the deceased from
Aug. 13, 1940, to Sept. 28, 1940;
that I last saw him alive on Sept. 28, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Acute cardiac dilatationDue to Chronic myocardial degeneration few yearsDue to Coronary sclerosis few yearsOther conditions Arteriosclerosis 10 yrs.
(Include pregnancy within 6 months of death)Major findings: Hypertrophy prostate
Of operations NoneOf autopsy Requested & refused

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

- (a) Accident, suicide, or homicide (specify) No
 (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?

While at work _____ (Specify type of place)
(a) Means of injury _____23. Signature W. Vincent M.D. (M. D. or other)
Address 800 Argyle Bldg. Date signed 9/29/40

(Licensed Embalmer's Statement on Reverse Side)

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

2
0-39
39
21492

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

Harold Perry

Licensed Embalmer No.

4097

P. O. Address _____

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

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