

No. 2
-13-40
-17-39
X23159

Registration District No. **399**

Emergency Registration District No. **1002**

Registrar's No. **4184**

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County **Jackson, Missouri,**

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

(c) Name of hospital or institution:
Little Sisters of the Poor,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 year,** **3**
(Specify whether years, months or days)

In this community **59 years,**

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. **809 Huntington Road,**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **no.** years.

3. (a) PRINT FULL NAME **Albert H. Schrage,**

3. (b) If veteran, name war **No.**

3. (c) Social Security No. **No.**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **Helen Seasted,**

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

7. Birth date of deceased **December 29 1880**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
59	10	2	hr. min.

9. Birthplace **Missouri,** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home** **1**

11. Industry or business **x** **7**

12. Name **Wm. F. Schrage,**

13. Birthplace **Illinois,** **1**
(City, town, or county) (State or foreign country)

14. Maiden name **Dorothea Eichler,**

15. Birthplace **Norway,** **1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lillian Loth,**

(b) Address **809 Huntington Road, K. C., Mo.**

17. (a) **Burial,** (b) Date thereof **11-2-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah Cemetery,**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **11-2-40** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **1st,**
year **1940** hour **12:01** minute **P.** M.

21. I hereby certify that I attended the deceased from **Sept 15, 1940**
11:10 to **Oct 29, 1940**

that I last saw him alive on **Oct 24, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary atherosclerosis**

Due to **Arteriosclerosis & Myocardial infarction**

Other conditions **9415**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **---**

Of autopsy **---**

Duration **1-2 years**

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? **---**

While at work **---** (Specify type of place)
Means of injury **---**

23. Signature **John T. Brunner** (M. D. or other) **M.D.**
Address **1412 22nd B. & B. Bldg.** Date signed **11/11/40**

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

MOTHER FATHER

KEMC

Dr. John Skinner.

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. 1413-

P. O. Address 17 E. 12th

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, fact should be so stated above.