

Registration District No. **399** Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3814 East 26th. Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community 1 Year
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 3814 East 26th. Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. 55 years.

3. (a) PRINT FULL NAME Albertina Shindler
(b) If veteran, name war No (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 16th.
year 1940 hour 9 minute 30 A. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased July 11 1852
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 15
1940 to Nov 16, 1940
that I last saw ha alive on Nov 15, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
88 4 5 hr. min.

Immediate cause of death Ch. myocardia
Hypertensive Pneumonia → 1 wk.
Duration

9. Birthplace Germany
(City, town, or county) (State or foreign country)

Due to 930
Due to

10. Usual occupation At Home

Other conditions Senility
(Include pregnancy within 3 months of death)

11. Industry or business

MOTHER FATHER { 12. Name Engler
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name No Record
15. Birthplace Germany
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations
Of autopsy

16. (a) Informant Albert G. Engler

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?

(b) Address 3814 East 26th. Street

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

(c) Place: burial or cremation Fremont Ohio

18. (a) Signature of funeral director Mrs. C. Foster

(b) Address 918 Brooklyn

19. (a) 11-17-40 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury 1
23. Signature Ralph Perry (M. D. or other) MD
Address 4800 E 24 Date signed 11-17-40

28th. of Lister Benton 5949
4203 Linwood Wab. 1633

10 30 AM

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

Theron A. Redmon

Licensed Embalmer No.

2737

P. O. Address

A. 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, fact should be so stated above.