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FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1120

State File No. _____

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 80

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: Research Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 hrs.
(Specify whether years, months or days)

In this community 11 hours

8. (a) PRINT FULL NAME Shirley Schnoke

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: 1 (Month) 3 (Day) 41 (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 11 hr. _____ min.

9. Birthplace Bellvue, Mo. (City, town, or county) K. C. Mo. (State or foreign country)

10. Usual occupation Infant

11. Industry or business None

MOTHER FATHER {

12. Name R. H. Schnoke

13. Birthplace Bellvue, Mo. (City, town, or county) Mo. (State or foreign country)

14. Maiden name Audrey Blakenship

15. Birthplace Kansas City (City, town, or county) Mo. (State or foreign country)

16. (a) Informant R. H. Schnoke

(b) Address 3909 Scarrill

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 1-6-41 (Month) (Day) (Year)

(c) Place: burial or cremation at home

18. (a) Signature of funeral director Mrs. C. H. Fouth

(b) Address 94 Brooklyn K.C. Mo.

19. (a) Jan 6 1941 (Date received of local registrar)

(b) M. M. Brown (Registrar's signature)

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. 3909 Scarrill
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3 year 1941 hour 10 minute 40 P. M.

21. I hereby certify that I attended the deceased from Jan 4 1941 to Jan 4 1941 that I last saw her alive on Jan 4 and that death occurred on the date and hour stated above.

Immediate cause of death: Patient failed to breathe sufficient to sustain life

Due to _____

Due to _____

Other conditions: _____

Major findings: _____

Of operations _____

Of autopsy _____

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)

(e) Means of injury _____

23. Signature W. H. Blakely M.D. (M. D. or other)

Address 5-08 Shiloh 13th Date signed 1-4-41

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

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 Me

....., Registered Apprentice No.

working under my personal supervision.

Signed J. C. Clark

Licensed Embalmer No. 411719

P. O. Address: K. E. 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, above space should be left blank.