

No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9549

APR 15 1941

State File No. _____

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 958

18
29
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Jackson

(a) County _____

(b) City or town: Kansas City

(c) Name of hospital or institution: 3033 Mersington /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 years (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME: Mrs. Marie Schlund

3. (b) If veteran, name war: XX

3. (c) Social Security No.: None

4. Sex: Fe

5. Color or race: Wh

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Hans Schlund

6. (c) Age of husband or wife if alive: 51 years

7. Birth date of deceased: April 28 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	10	8	hr. _____ min.

9. Birthplace: Strassburg 4 Germany
(City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business: _____

MOTHER FATHER { 12. Name: H John Goetzki

13. Birthplace: 4 Germany
(City, town, or county) (State or foreign country)

14. Maiden name: No Record

15. Birthplace: 4 Germany
(City, town, or county) (State or foreign country)

16. (a) Informant: Hans Schlund

(b) Address: 3033 Mersington

17. (a) Burial (b) Date thereof: 3-8-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Forest Hill Cemetery

18. (a) Signature of funeral director: M. Wagner

(b) Address: Kansas City, Mo.

19. (a) March 8/41 (b) M. D. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 4/8

(c) City or town: Kansas City 5
(If outside city or town limits, write "RURAL") 0

(d) Street No.: 3033 Mersington
(If rural, give location) 30 years

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 6th
year 1941 hour 10: minute 06 P. M.

21. I hereby certify that I attended the deceased from January 2, 1941, to March 5, 1941;
that I last saw him alive on March 5, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Stomach

Due to: 4/6 hrs

Due to: 4/6 hrs

Other conditions: Gastric hemorrhage 48 hours
(Include pregnancy within 3 months of death)

Major findings: Of operations: None

Of autopsy: None

Duration: Unknown at least 6 hrs. 48 hours

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: D

23. Signature: J. H. Patton (M. D. or other)

Address: 2605 E 31 Kansas City, Mo. Date signed: 3/7/41

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Feb 6 7 64

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 A. R. Haunschild

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.