

FILED MAY 16 1949

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13572
Registrar's No. 1553

Registration District No. 399

Primary Registration District No. 1602

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas city
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 43 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Schweighofer, Gustav

3. (b) If veteran, name war unk 8. (c) Social Security No. unk

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years 75 Months + Days + If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business

MOTHER FATHER { 12. Name unknown
18. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Schweighofer

(b) Address 2027 Washington, Ke. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-49
(Month) (Day) (Year)

(c) Place: burial or cremation Paula Kansas

18. (a) Signature of funeral director J. Metzger

(b) Address Paula Kansas

19. (a) April 18, 1949 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas city 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2025 Washington
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1949 hour 1 minute P M.

21. I hereby certify that I attended the deceased from 3-1-49
_____ 19, to 4-19-49 19;
that I last saw him alive on 4-18-49 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rectum

Due to 46

Due to 46

Other conditions (Include pregnancy within 3 months of death)

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 0

23. Signature [Signature] (M. D. or other) M.D.
Address 311 Angell Bldg Date signed 4/18/49

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.