

FILED MAY 10 1941

R17

14820

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 404 Primary Registration District No. 555 Registrar's No. 37

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 84th. & Wornall
(If not in hospital or institution, write street number or location)

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

In this community 40 Years

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. 1215 West 81st. Street
(If rural, give location)

(e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME: Anna Schnackenberg

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

4. Sex Female 5. Color or race White 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 May 9 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>11</u>	<u>29</u>	hr. min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER

12. Name John Schnackenberg

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

14. Maiden name Adelide Rodenberg

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

16. (a) Informant Mrs. F.D. Morgan

(b) Address 1215 W. 81st

17. (a) Buried (b) Date thereof May 19 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Washington

18. (a) Signature of funeral director Mrs. C.R. Forster

(b) Address 918 Brooklyn

19. (a) 5-13-41 (b) Mrs. J. Brennan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1941 hour _____ minutes _____ M.

21. I hereby certify that I attended the deceased from _____ 19____
that I last saw him/her alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Circumstances of the Road
Due to _____

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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?

3:15
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Russell W. Jones (M. D. or other) 3
Address _____ Date signed _____

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

18
0
0

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

Wm. H. Browning

..... Licensed Embalmer No. 2724

..... P. O. Address N. 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.