

Aug SEP 12 1941
Registration District No. _____

Primary Registration District No. 100

Registrar's No. 3258

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:
5301 Forest
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 65 years (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 5301 Forest
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS ANNA MAY SCHMIDT

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John Schmidt 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 12 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Forster

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

14. Maiden name Walberger Gruber
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Julia Munsell

(b) Address 5301 Forest

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

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Durk & Tobin Co

(b) Address 20 West Linwood

19. (a) 9/31/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28th day Aug
year 1941 hour _____ minute P 8:45 P. M.

21. I hereby certify that I attended the deceased from Aug 1
1941 to Aug 28 1941
that I last saw her alive on Aug 29 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) 131B

Major findings: Of operations no
Of autopsy no

Duration

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 Chas Nelson (M. D. or other) _____
Address 3621 Judys Ave Date signed 9/30/41

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..... *Harold Perry*

Licensed Embalmer No. *1094*

P. O. Address. *K 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.