

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30730

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3487

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:
817 Oak /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson X8
(c) City or town Kansas City 9
(If outside city or town limits, write "RURAL") 8
(d) Street No. 817 Oak
(If rural, give location)
(e) Citizen of foreign country? No 1 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME FRANK P. SCHWARZ

3. (b) If veteran, name war Spanish-American 3. (c) Social Security No. Unknown

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Unknown

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

7. Birth date of deceased July 2 1876
(Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days 14 If less than one day hr. min.

9. Birthplace Brooklyn N. Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Unknown

11. Industry or business.....

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Sophie Goetz

(b) Address 72-40-68th St.

17. (a) removal (b) Date thereof 9/19/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wadsworth Cem! K.C. Kan

18. (a) Signature of funeral director SEBETO'S T. Carralla

(b) Address 901 E 5th K. C. Mo

19. (a) 9/18/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

351 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9-16-41 day 16 hour 11 minute 41 M.

21. I hereby certify that I attended the deceased from 7-15-41 to 9-16-41

that I last saw 10/15/41 alive on 10/15/41 and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Acute pulmonary edema & congestion

Myocardial infarction

Coronary sclerosis

Other conditions (Include pregnancy within 3 months of death) 9/16

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN 9/16
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?..... (Specify location)

While at work?..... (e) Means of injury.....
23. Signature Wadsworth (M. D. or other) 3
Address Wadsworth Date signed.....

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

8000

OCT 8 194

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 Roy E Snow

Licensed Embalmer No. 25760

P. O. Address 1807 E. 29

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.