No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5614

Primary Registration District No. 1002

Registrar's No. 878

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: St Lukes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Months (Specify whether
In this community 2 mo
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson

(c) City or town Olathe - Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 3 Mi. No Olathe on #7-Hw.
(If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Herman Carl Schwarz

3. (b) If veteran, name war

3. (c) Social Security No. 510-07-007V

4. Sex Male

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 August 20 1911 (Month) (Day) (Year)

8. AGE: Years 30 Months 6 Days 12 If less than one day hr. min.

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

10. Usual occupation Garment Sanding Mach

11. Industry or business

FATHER
12. Name Herman Schwarz
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Matilda Eberts
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Richard Schwarz
(b) Address 4132 W 48 St KCK

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-42 (Month) (Day) (Year)

(c) Place: burial or cremation De Soto Kansas

18. (a) Signature of funeral director H E Julius
(b) Address Olathe Kas

19. (a) 3/3/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1942 hour minute 12 M.

21. I hereby certify that I attended the deceased from Feb 24, 1942 to Mar 2, 1942
that I last saw him alive on Mar 2, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Brain abscess 7 days	7 days
Due to Nasal infection	
Due to 8 ow	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Osteomyelitis - Nasal Frontal Lobe Abscess right
Of autopsy - as above

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Virgil W. McCoy (M. D. or other)
Address 1512 Prof. Bldg Date signed 3/3/42

(Licensed Embalmer's Statement on Reverse Side)

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 H. E. Julian

Licensed Embalmer No. 204 v

P. O. Address Olathe Kas.

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.