S. No. 2
I—9-4-41
. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9867

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1174

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:
2742 Brooklyn Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution – (Specify whether
In this community 48 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2742 Brooklyn Avenue
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Germany

3. (a) PRINT FULL NAME Mrs. Augusta Mtilda Schille

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mr. John Henry Schille

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

7. Birth date of deceased September (Month) 16 (Day) 1863 (Year)

8. AGE: Years 78 Months 6 Days 6 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business –

MOTHER FATHER

12. Name Mietzner

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

MOTHER

14. Maiden name Unknown

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

16. (a) Informant F. W. Schille

(b) Address 5533 Olive Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 25, 1942 (Month) (Day) (Year)

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

18. (a) Signature of funeral director O. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 3-23-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22nd year 1942 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...
that I last saw her alive on ..., 19...
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Acute Pulmonary Edema

Due to

Due to Hypertensive Myocarditis

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Russell Wyss (M. D. or other)

Address E. Cinn Date signed

(Licensed Embalmer's Statement on Reverse Side)

48
3
8

341

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 C. Hervey Quisenber

Licensed Embalmer No. 4070

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.