

FILED MAY 29 1942
Registration District No. 399

Primary Registration District No. 1002

State File No. _____

Registrar's No. 1963

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Trinity Hospital 0
(If not a hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo
(Specify whether years, months or days) 2 mo

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Graham 999
(c) City or town Morland Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 2
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Schierkolk, Hereward

3. (b) If veteran, name war no. 3. (c) Social Security No. none.

4. Sex male 5. Color or race w.
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Anna Arbilla
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased FEB 23 1884
(Month) (Day) (Year)

8. AGE: Years 58 Months 2 Days 25
If less than one day _____ hr. _____ min.

9. Birthplace Washington Co. Kans!
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business
12. Name Henry Schierkolk
13. Birthplace Washington Co. Kans!
(City, town, or county) (State or foreign country)
14. Maiden name Smith
15. Birthplace Washington Co. Kans!
(City, town, or county) (State or foreign country)

16. (a) Informant Sorana Schierkolk
(b) Address Belmont Kansas

17. (a) Belmont (b) Date thereof May 29 1942
(City, town, or county) (Month) (Day) (Year)

(c) Place: burial or cremation Morland Kansas

18. (a) Signature of funeral director Mrs. C. J. Foster
(b) Address P. O. no.

19. (a) 5-19-42 (b) M. M. Crown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 18
year 1942 hour 4 minute 40 P M.

21. I hereby certify that I attended the deceased from Apr 23 1942, 19 5/18/42, 19 _____;
that I last saw him alive on 5/18/42, 19 _____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 10 min
Hypertension
Due to _____

Due to Focal Infection Teeth
Structure Prostatic
Other conditions withra
(Include pregnancy within 3 months of death)

Major findings: 830!
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? _____

23. Signature John H. Galbreath (Specify type of place, (c) Means of injury) 1
Address 730 Croft Bldg (M. D. or other) _____
Date signed 5/18/42

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

18
3
8

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

David C. Browning

Licensed Embalmer No. *2724*

P. O. Address *K. P. 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.