

FILED **AUG 19 1942**

Registration District No. **199**

Primary Registration District No. **1002**

Registrar's No. **3041**

48
3
8
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: **St. Mary's Hospital, 0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 weeks** (Specify whether
In this community **6 months** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson, 48**
(c) City or town **Kansas City, 3**
(If outside city or town limits, write "RURAL") **8**
(d) Street No. **5131 Baltimore,**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country **X** **0**

3. (a) PRINT FULL NAME **Mrs. Kathleen Perry Schacht,**

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

4. Sex **Male 0** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **George W. Schacht,** 6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **May 7 1900**
(Month) (Day) (Year)

8. AGE: Years **42** Months **3** Days **4** - If less than one day
hr. min.

9. Birthplace **Missouri 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home,**

11. Industry or business **X**

12. Name **A. L. Perry,**

13. Birthplace **Missouri, 0**
(City, town, or county) (State or foreign country)

14. Maiden name **Ida McWilliams**

15. Birthplace **Missouri 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **George W. Schacht,**

(b) Address **5131 Baltimore, Kansas City, Mo.**

17. (a) **Removal** (b) Date thereof **8-13-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Baring, Missouri**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **8-12-42** (b) **M. M. Crown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **11th**
year **1942** hour **8:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **8/20**, 19**42**, to **8/11**, 19**42**
that I last saw her alive on **8/11**, 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death

Maligiant Hypertension
Due to **chronic myocarditis**

Due to **chronic nephritis**

Other conditions **BIB**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **—**

Of autopsy **—**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**

(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)
Means of injury **0**

23. Signature **James R. Kelly** (M. D. or other)

Address **804 N. 1st St.,** Date signed **8/12/42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

361

Dr. J. R. McVay

*of Marie Hoopst.
3rd Broadway*

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..... *Leon H. Stewart*.....
Licensed Embalmer No. *4177*.....
P. O. Address *Kansas City, 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.