S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29560

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3387

1. PLACE OF DEATH:
(a) County Jackson County
(b) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1214 East 41st Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO (Specify whether years, months or days)
In this community 19 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City Missouri 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1214 East 41st Street 8
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NO

3. (a) PRINT FULL NAME FRANK AUGUST SCHWANDT
3. (b) If veteran, name war NO
3. (c) Social Security No. 495-05-5614
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Elsie Sewester Schwandt
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased NOVEMBER (Month) 6 (Day) 1888 (Year)

8. AGE: Years 53 Months 10 Days 8 If less than one day ... hr. ... min.

9. Birthplace Leavenworth (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Printer Linotype Operator
11. Industry or business Retired
FATHER
12. Name Ferdinand Schwandt
13. Birthplace Germany (City, town, or county) ✓ (State or foreign country) 4
MOTHER
14. Maiden name Wilhelmina Braatz
15. Birthplace Germany (City, town, or county) (State or foreign country) 4
16. (a) Informant Francis A. Schwandt
(b) Address 3618 Woodland K.C. Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 14, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Muncie Cem. Leav. Kans.
18. (a) Signature of funeral director James C. Davis and Co.
(b) Address Leavenworth Kansas
19. (a) 9/14/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14 year 1942 hour 6 minute 00 P.M.
21. I hereby certify that I attended the deceased from Sept 11, 1942, 1942 to Sept 14, 1942 that I last saw him alive on Sept 14, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Myocarditis
Due to Cerebral Arteriosclerosis — 61
Due to
Other conditions Diabetes —
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 Ralph Perry (M. D. or other) —
Address 4800 E 24 Date signed 9-14-42

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.