

FILED DEC 18 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4457

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. Joseph Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 20 hours
(Specify whether years, months or days)
 In this community 61 years
(Specify whether 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. 1112 East 56th
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William Ernest Schaper
 (b) If veteran, name war No
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 30th
 year 1942 hour 1: minute 45 A.M.

4. Sex Male 5. Color or Race Wh
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Pearl Schaper
 (c) Age of husband or wife if alive 59 years
 7. Birth date of deceased: March 11 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 28, 1942
Nov 26, 1942
 that I last saw her alive on Nov 28, 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 8 Days 19
 If less than one day _____ hr. _____ min.

Immediate cause of death: structural obstruction 2 days
 Due to strangulated hernia
 Due to _____

9. Birthplace Brunswick Germany
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired Carpenter and Builder

Other conditions no
(Include pregnancy within 3 months of death)
 Major findings: volvulus + strangulation + gangrene of 3 ft of intestines
 Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name Christ Schaper
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name No Record
 15. Birthplace _____
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Pearl Schaper
 (b) Address 1112 E. 56th
 17. (a) Burial (b) Date thereof 12-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Forest Hill
 18. (a) Signature of funeral director W Wagner
Kansas City
 (b) Address _____
 19. (a) 12-17-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

23. Signature M B Carlsfeldt
 Address 329 Westport Ave Date 12/1/42

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

61

X-2-20

329 East 130th St
La 5116

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..... *A. R. Haunschild*

Licensed Embalmer No. *4159*

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.