

FILED DEC 8 1942  
Registration District No. 149

Primary Registration District No. 1002

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 Menorah Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 45 Minutes  
In this community 17 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. Hotel Tanner - 917 Locust Street  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mr. Fred J. Schloss  
3. (b) If veteran, name war No  
3. (c) Social Security No. 495-05-1808

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 8th  
year 1942 hour 6 minute 32 P. M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs. Opal Schloss  
6. (c) Age of husband or wife if alive 48 years

21. I hereby certify that I attended the deceased from on  
Dec 8, 1942, to Dec 8, 1942, 19\_\_\_\_;  
that I last saw him alive on Dec 8, 1942, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

7. Birth date of deceased 11 (Month) 5 (Day) 1894 (Year)  
8. AGE: Years 48 Months 1 Days 3 If less than one day \_\_\_\_\_ hr \_\_\_\_\_ min.

Immediate cause of death \_\_\_\_\_  
Coronary thrombosis and infarction  
Due to left ventricle 24 hrs.

9. Birthplace Malwa Wis. (City, town, or county) (State or foreign country)  
10. Usual occupation Salesman

Due to Failure left ventricle Rupture by lacer thorax  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings: 940

11. Industry or business General Co.  
12. Name Fred J. Schloss  
13. Birthplace Malwa Wis. (City, town, or county) (State or foreign country)  
14. Maiden name Mary Weber  
15. Birthplace rank 9 (City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.  
Of operations \_\_\_\_\_  
Of autopsy as above

16. (a) Informant Mrs. Opal Schloss  
(b) Address Hotel Tanner - 917 Locust Street  
17. (a) Cremation (b) Date thereof Dec. 10, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place of burial or cremation D. W. Newcomer's Sons  
18. (a) Signature of funeral director Cremation  
(b) Address 1401 Brush Creek Blvd.  
19. (a) 12-10-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature A. Morris Sikes M. D. or other \_\_\_\_\_  
Address 420 Prof. Bldg Date signed 12-9-42

420 Professional Body  
11:30.4

**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 Quisenberry  
Licensed Embalmer No. 4070  
P. O. Address. R 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.**