

FILED MAR 5 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 720

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: K.C. General Hospital No. 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days (Specify whether
In this community 56 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Nora Schuchmann

3. (b) If veteran, name war XX 3. (c) Social Security No. None

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louis M. Schuchmann 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased March 6 1866
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 6 If less than one day hr. min.

9. Birthplace Saline County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business Arthur McQuillin

12. Name Arthur McQuillin 13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Ratherine Desmond 15. Birthplace Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Louis M. Schuchmann

(b) Address 5637 Bonita

17. (a) Burial (b) Date thereof 2-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director J.W. Wagner
Kansas City, Mo.

(b) Address 114/43 (c) W. M. Brown
(Date received local registrar) (Registrar's signature)

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. 5637 Bonita (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12th
year 1943 hour 4 minute 25 P. M.

21. I hereby certify that I attended the deceased from 1-29-43 19 to 2-12-43 19;
that I last saw her alive on 2-12-43 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dementia with an over-whelming Toxemia, cause for which was not determined.

Due to 10-23
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy None

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 _____
23. Signature Avery R. Johnson (M. D. or other)
Med. Dir. A.C. Gen. Hospital Address Date signed _____

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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. Fuinschild

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.