

FILED MAR 5 1943

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: **In Ambulance enroute to General Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. _____ (Specify whether years, months or days) **40 years**

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. **3011 E. 60th St.**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **John Henry Schultz**
3. (b) If veteran, name war **Spanish American**
3. (c) Social Security No. **495-03-3185**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb.** day **27** year **1943** hour **4** minute **30 AM.**

4. Sex **Male** **5. Color or race** **White**
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife **Letha I. Schultz**
6. (c) Age of husband or wife if alive **55** years
7. Birth date of deceased **October 8 1879**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her _____, 19____; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	61	6	19	hr. min.

Immediate cause of death: **Acute Coronary Occlusion**

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

Due to _____
 Due to **940**
 Other conditions: _____
(Include pregnancy within 3 months of death)

10. Usual occupation **Night Watchman**

Major findings: _____
 Of operations _____

11. Industry or business

Of autopsy: **See above**

12. Name **Henry F. Schultz**

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

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

14. Maiden name **Frances Hartman**

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

16. (a) Informant **Mrs. Letha I. Schultz**

(b) Address **3011 E. 60th St.**

17. (a) Burial **(Burial, cremation, or removal)** **(b) Date thereof** **3-1-1943**
(Month) (Day) (Year)

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

18. (a) Signature of funeral director **Freeman Mortuary**
(b) Address **Kansas City, Mo.**

19. (a) Date received local registrar **2/28/43** **(b) M. M. Browne** (Registrar's signature)

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 **D. E. Walker** (M. D. or other) **M. P. McLaughlin**
Address **28th & Locay** **Date signed** **2/27/43**

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 Clarence H. Childs.....

Licensed Embalmer No. 3473.....

P. O. Address Ke 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.