

V. S. No. 2
 00M-2-43
 Rev. 5-17-39
 X35697

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

17129

State File No.

2356

FILED JUN 7 1943

Registration District No. 749

Primary Registration District No. 1002

Registrar's No.

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:
1823 Independence Avenue /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mr. Edward Schlichter, Sr.

3. (b) If veteran, name war No
 3. (c) Social Security No. 495-01-4521

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

6. (b) Name of husband or wife Mrs. Zella Mae Schlichter
 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased June 21 1878/6
(Month) (Day) (Year)

8. AGE: Years 62 Months 11 Days 1
If less than one day hr. min.

9. Birthplace Prairie Hill Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Butcher

11. Industry or business Elmore Meat Market-Salisbury, Mo.

12. Name Jacob Schlichter

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

14. Maiden name Unknown Katherine Apple

15. Birthplace Unknown Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Edw Schlichter

(b) Address 4104 Sycamore Ave. K.C. Mo

17. (a) Burial (b) Date thereof 5-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salisbury, Missouri

18. (a) Signature of funeral director W. Newcomer Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 5-23-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton
 (c) City or town Salisbury
(If outside city or town limits, write "RURAL")
 (d) Street No. None
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd
 year 1943 hour 12 minute 30 P. M.

21. I hereby certify that Anna the deceased from _____
 19____ to _____ 19____;

that I last saw her _____ alive on _____ 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Arteriosclerotic heart disease

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____

Of autopsy Inspection & history

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 W. Newcomer Sons (M.D. or other) _____
 Address _____ Date signed 5/24/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

35001 NHP

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 Emile M. Albourn

Licensed Embalmer No. 3506

P. O. Address Kemo.

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.