

FILED JUN 7 1943 149
Registration District No.

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,**
(c) Name of hospital or institution:
7601 Wornall Road,
(d) Length of stay: In hospital or institution **6 wks.**
In this community **6 wks.**
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson,**
(c) City or town **Kansas City, Atchison**
(d) Street No. **7601 Wornall Road,**
(e) Citizen of foreign country? **No.**
If yes, name country.....

3. (a) PRINT FULL NAME **Mrs. Blanche Schmitz**
3. (b) If veteran, name war **no.** 3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **1st**
year **1943** hour **5:45** minute **A.M.**

4. Sex **Female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Oscar J.** 6. (c) Age of husband or wife if alive **74** years
7. Birth date of deceased **4-17-1873**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 22**
1943 to **April 24** **1943**
that I last saw her alive on **April 30** **1943**
and that death occurred on the date and hour stated above.

8. AGE: Years **70** Months **0** Days **14**
If less than one day .hr. min.

Immediate cause of death **cerebral hemorrhage**
Due to **arterio sclerosis**
Due to **gla**
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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

10. Usual occupation **Housewife**
11. Industry or business
12. Name **Oscar Surge**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **unknown**
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) **no**
(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 **L. H. Buis, Maxine Miller**
(b) Address **Atchison, Kansas, 414 W. Wornall**
17. (a) Removal (b) Date thereof **5-1-43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Atchison, Kansas, St. J. for Mo.**
18. (a) Signature of funeral director **Stine & McClure,**
(b) Address **3235 Gillham Plaza, K. C., Mo.**
19. (a) 5-2-43 (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

23. Signature **W. H. ...** (M. D. or other)
Address **618 Proj Bldg** **3** **Date signed**

MOTHER FATHER

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

Dr. Herbert Mantz

1777 Broadway, N.Y.C.

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 *J. Clair Sheppard*
Licensed Embalmer No. *24179*
P. O. Address *K. C. Iowa*

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.