

FILED JUN 24 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2487

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:
4919 Frost Ave 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 11 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. 4919 Frost
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Paul L. Schaaf

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex M 5. Color or race Wh 6. (a) Single, widowed, married, divorced mar -
6. (b) Name of husband or wife Theresa Schaaf 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased July 15 - 1882
(Month) (Day) (Year)

8. AGE: Years 60 Months 10 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Germany (City, town, or county) (State or foreign country) 4

10. Usual occupation Salesman

11. Industry or business _____

12. Name Brentin Schaaf

13. Birthplace Germany (City, town, or county) (State or foreign country) 4

14. Maiden name Unknown

15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Mrs Theresa Schaaf

(b) Address 4919 Frost St. Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-3-43
(Month) (Day) (Year)

(c) Place: burial or cremation Hartington Mo

18. (a) Signature of funeral director Melody M. Bell

(b) Address 5 R. & Mo

19. (a) June 1, 1943 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st
year 1943 hour 10:10 minute am

21. I hereby certify that I attended the deceased from Feb 1943
_____ 19____ to 6-1-43 19____;
that I last saw him alive on May 19 - 1943 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 2 da

Due to Cerebral Accident 1 yr

Due to Moderate Hypertension

Other conditions none 89A
(Include pregnancy within 3 months of death)

Major findings: none
Of operations _____

Of autopsy _____

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 John T. Skanner (M. D. or other) MD

Address 1406 Bryant Bldg Date signed 6/1/43

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

Paul J. ...
11 years

...

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.....

Licensed Embalmer No:

P. O. Address.....

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.