

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25177 ✓

ED JUL 24 1943

State File No.

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Jackson - Prairie Sw
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Jackson County Home Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos. 1 wk.
(Specify whether years, months or days)

In this community 10 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Rural - Prairie Sw
(If outside city or town limits, write "RURAL")

(d) Street No. Jackson Co. Home
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME Albert Schultze

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1943 hour 10:15 minute ✓ P. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years 79

7. Birth date of deceased October 29, 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1 1942 to 6-9 1943
that I last saw him alive on 6-9 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

79 7 11 hr. min.

Immediate cause of death Senility

Due to

Due to

9. Birthplace Joliet, Illinois
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 162 lb

10. Usual occupation Stone Mason

11. Industry or business

Major findings: Of operations

Of autopsy

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Records - J. C. Stone

(b) Address Little Blue, Mo.

17. (a) Burial (b) Date thereof 6-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leis Summit

18. (a) Signature of funeral director N. B. Langford

(b) Address Leis Summit

19. (a) June 14, 1943 (b) J. M. Schick
(Date received local registrar) (Registrar's name)

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 J. W. Greene (M. D. or other)

Address Independence Mo Date signed 5/10/43

1162 (Licensed Embalmer's Statement on Reverse Side)

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

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 T. B. Langford
Licensed Embalmer No. 383
P. O. Address Lee's Summit

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.