

28438

State File No. _____

Registrar's No. 56

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ED AUG 19 1943

Registration District No. 154

Primary Registration District No. 5575

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8017 Bellefontaine 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 10 years
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. 8017 Bellefontaine
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME

B. A. Schultze

(b) If veteran, name war _____

8. Social Security No. _____

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Hendrick Schultze

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

7. Birth date of deceased March 3rd 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 2
If less than one day _____ hr. _____ min.

9. Birthplace Saint Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retail merchant

11. Industry or business _____

12. Name A. J. Schultze

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

14. Maiden name Germany
(City, town, or county) (State or foreign country)

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

16. (a) Informant Alfred A. Schultze

(b) Address 819-43 1st St

17. (a) burial (b) Date thereof 8-6-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Ignace

18. (a) Signature of funeral director A. J. Schultze
(b) Address 819-43 1st St

20. DATE OF DEATH: Month August day 5th
year 1943 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from Aug 5 43
to Aug 5 43, 19____, to Aug 5 43, 19____;

that I last saw him alive on Aug 5 43, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Duration 1 Day

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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

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 A. C. Lintner (M. D. or other) M.D.

Address 6900 Penn Date signed _____

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

Dr. Annie G. Hedges

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 *Theron A. Redman*

Licensed Embalmer No. 2737

P. O. Address H.C. No

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, above space should be left blank.

Registration District No. (154)

Primary Registration District No. 5575

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural (Washington St.)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

in this community _____
years, months or days)

3. (a) PRINT FULL NAME B. R. Schultz

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color of race w 6. (a) Single, widowed, married, divorced w

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar 3 1908
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 5 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 8-19-43 (b) Dr. R. V. Sindberg, Jr.
(Date received local registrar) (Registrar's signature)

Dr. Anne G. Hedges

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day 15 Year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____

that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

28436