. S. No. 2
DM—5-42
v. 5-17-39
PI X328

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30945

State File No. 3854

Registration District No. 149 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:
1316 Troost /
(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 48 3
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 1316 Troost
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ~~Henry~~ J.Schaub
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white 0
6. (a) Single, widowed, married, divorced widower 2
6. (b) Name of husband or wife Etta Crites
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 19 (Day) 1867 (Year)

8. AGE: Years 76 Months 7 Days 17 If less than one day hr. min.

9. Birthplace Ohio (City, town, or county) / (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farming
FATHER
12. Name Nicholas Schaub
13. Birthplace Ohio (City, town, or county) / (State or foreign country)
MOTHER
14. Maiden name Ernest
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant George S.Schaub
(b) Address 1500 No 38th K C K
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep.8,1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt.Olivet,St.Joseph,Mo.
18. (a) Signature of funeral director Joyce Funeral Home
(b) Address 3146 Main St
19. (a) 9-7-43 (Date received local registrar) (b) T. E. Brown Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep day 6th year 1943 hour 10 minute 45 A.M.
21. I hereby certify that I attended the deceased from Arrow, 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Primary Thrombosis

Due to

Due to 94a

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Seafoam

Duration

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] 3 (M. D. or other)
Address [signature] Date signed 9/6/43

(Licensed Embalmer's Statement on Reverse Side)

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. Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address: K. C. Mo.

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.