

FILED FEB 28 1944

State File No. _____
47
Registrar's No. _____

Registration District No. _____ Primary Registration District No. 1002

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:
3725 Broadway /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX
In this community 50 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. 3725 Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. MINNA MUENDER SCHRADER

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month Jan day 4
year 1944 hour 4 minute 15 P.M.

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married. 2 divorced Widowed

21. I hereby certify that I attended the deceased from Nov 1, 1943 to JAN 4, 1944

6. (b) Name of husband or wife George Schrader 6. (c) Age of husband or wife if alive XX years

that I last saw him alive on Jan 2, 1944 and that death occurred on the day and hour stated above.

7. Birth date of deceased March 24 1857 (Month) (Day) (Year)

Immediate cause of death Heart failure / Duration

8. AGE:	Years	Months	Days	If less than one day
	86	9	10	hr. _____ min.

Due to Scurvy and ulcers

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

Due to _____

10. Usual occupation At Home

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

11. Industry or business _____

Major findings: Of operations no

12. Name Christian Muender

Of autopsy no

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

14. Maiden name Augusta Muender

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

16. (a) Informant Mrs. Albert Thilenius

(b) Address 3725 Broadway

17. (a) Burial (b) Date thereof 1-6-44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director J.W. Wagner

(b) Address Kansas City, Mo.

19. (a) Jan 5, 1944 (b) J.C. Kreier (Date received by registrar) (Registrar's signature)

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) (c) Means of injury _____

23. Signature Charles C. Dume (M. D. or other) 44
Address 1700 Lenox RD NE MO Date signed Jan 5, 1944

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..... *Cecil R. Matthes*.....

Licensed Embalmer No. *3807*.....

P. O. Address..... *Kansas City*.....

Note: - The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. 149 Primary Registration District No. 1002

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:

(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 Minna Muender Schader

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

4. Sex F 5. Color or 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 29 years

7. Birth date of deceased Mar 29 1915
(Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 1 (Less than one day) min.

9. Birthplace Germany
(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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) (Date received local registrar) (b) (Registrar's signature)

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 Feb day 24 year 1944 hour 10 minute 4 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 Heart failure Duration.....

Due to senility and arterio sclerosis ✓

Due to CHRONIC MYOCARDITIS

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d

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) (c) Means of injury.....

23. Signature Charles Deemel (M. D. or other).....

Address 1524 Poplar Bluff Date signed.....

SUPPLEMENTARY

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

1708