

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

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: R.C. GENERAL HOSPITAL No. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 HOURS  
(Specify whether years, months or days)

In this community ABOUT 50 YEARS

3. (a) PRINT FULL NAME MRS. MARGARET SCHENKER

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MR. GUS SCHENKER

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

7. Birth date of deceased UNKNOWN  
(Month) (Day) (Year)

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

ABOUT 70 hr. min.

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

10. Usual occupation AT HOME

11. Industry or business

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)

16. (a) Informant MRS. J. P. MAHONEY

(b) Address 509 EAST 27TH STREET LERA

17. (a) BURIAL (b) Date thereof MAR-1-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. ST. MARY'S CEM.

18. (a) Signature of funeral director D.H. Newcomer Iowa

(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 2-29-44 (b) N.E. Brown  
(Date received local registrar) (Registrar's signature)

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. 504 WEST 14TH STREET  
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) NO  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 27TH year 1944 hour 2 minute 00 P.M.

21. I hereby certify that I attended the deceased from 19 to 19 ;  
that I last saw h. Deputy Coroner and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory Failure  
Hypertrophy & dilatation of heart

Due to of heart

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

Major findings: Of operations ASC

Of autopsy See Above

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 MI

23. Signature A.E. Usher (M. D. or other) MI  
Address 2201 N. Way Date 3/28/44

**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..... *Harry Bergman* .....

Licensed Embalmer No..... *2041* .....

P. O. Address..... *Kan City, 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.**