V. S. No. 2
00M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1944

Registration District No. 119

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 6312

Registrar's No. 604

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: 4061 McGEE STREET
(If not in hospital or institution, write street number or location)

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

In this community 17 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. 4061 McGEE STREET
(If rural, give location)

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

If yes, name country ---

3. (a) PRINT FULL NAME MR GEORGE WALTER SCHNEIDER, SR.

3. (b) If veteran, name war NO

3. (c) Social Security No. 487-03-6982

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. LULA MAY SCHNEIDER

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased AUGUST (Month) 3 (Day) 1885 (Year)

8. AGE: Years 58 Months 5 Days 28 If less than one day ___ hr. ___ min.

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

10. Usual occupation SALESMAN

11. Industry or business W. B. SCHNEIDER MEAT CO.

FATHER
12. Name ANDREW SCHNEIDER
13. Birthplace BADEN (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name CASSIE DIEGELMAN
15. Birthplace SCRANTON (City, town, or county) PENNSYLVANIA (State or foreign country)

16. (a) Informant MRS LULA MAY SCHNEIDER

(b) Address 4061 McGEE STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB-7-1944 (Month) (Day) (Year)

(c) Place: burial or cremation MT WASHINGTON CEM.

18. (a) Signature of funeral director O. W. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 2-5-44 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 1 ST year 1944 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from Jan 26. 1944 to Feb 1 1944; that I last saw him alive on Feb. 1. 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage & fecal stagnation

Due to Extreme high blood pressure

Due to Such worry over boys in Navy

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

83w

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 0

23. Signature E. H. Reilinger (M. D. or other)

Address 520 Argyle Bldg. Date signed 2/2-44

(Licensed Embalmer's Statement on Reverse Side)

Argyle Bldg

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: H C Newromer Jr

Licensed Embalmer No. 4043

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.