

S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 775

FILED MAR 6 1944
Registration District No. 749

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Gen Hosp. 0
(If not in hospital or institution, write street number or location)

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

In this community 6 mo.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson ⁴⁸

(c) City or town K.C. ³
(If outside city or town limits, write "RURAL")

(d) Street No. 314 W. 9th
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) ⁵

If yes, name country _____

3. (a) PRINT FULL NAME Lewis Schweinfurth

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

3. (c) Social Security No. none

4. Sex M. 5. Color or race W.

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

6. (b) Name of husband or wife Eloa

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

7. Birth date of deceased Dec 5 1886/1885
(Month) (Day) (Year)

8. AGE: Years 57 58 Months 2 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Oregon Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. (a) Informant J. M. Schweinfurth unknown 9
(City, town, or county) (State or foreign country)

13. (a) Informant name Miss Mrs. Vogle

13. (b) Informant address unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Lloyd Schweinfurth
(City, town, or county) (State or foreign country)

17. (a) Address 1806 S 19th, N.C.H.

17. (b) Date thereof 2/17/44
(Month) (Day) (Year)

(c) Place: burial or cremation Burial Nebraska

18. (a) Signature of funeral director Sebbeto

(b) Address 901 E. 5th

19. (a) 2-16-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 11 year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

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

Major findings: Of operations _____

Of autopsy See above 108

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) (Means of injury)

23. Signature A. E. Usher (M. D. or D. P. H.) 2/17/44

Address 23 1st St Date _____

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..... *Ray E Snow*
Licensed Embalmer No. *2560*
P. O. Address..... *K C M D*

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri

State File No.

County of Jackson SS.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 725

On this 30th day of March, 1944, before me appears Mr. Lloyd Schweinfurth, who, upon his oath, states that the original record of ~~birth~~ death for Levia Schweinfurth died Feb. 11, 1944, in the State of Missouri, and which was filed at K.C., Mo. on Feb. 16, 1944, should be corrected as follows:

Item No. should read

Instead of

Date of #7 should read Dec. 5, 1885
Birth should read Dec. 5, 1886

Item No. should read

Instead of

Age #8 should read 58 yrs.

Instead of 57 yrs.

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Lloyd Schweinfurth Son
Relationship.

1806 So. 14 St

Present Address.

Subscribed and sworn to before me this 30 day of March, 1944.

My Commission expires Oct. 20, 1947 Barrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

CEBIS