

No. 2
8-43
7-39
X37823

FILED APR 6 1944

Primary Registration District No. 1002

Registrar's No. 1253

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:
7425 WARD PARKWAY /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 5 YEARS years, months or days)

3. (a) PRINT FULL NAME MR. CONRAD JOSEPH SCHAEFER

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. LUCY SCHAEFER 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased DECEMBER 3 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 14 If less than one day hr. _____ min. _____

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

10. Usual occupation RETIRED

11. Industry or business PRINTING PRESSMAN

12. Name UNKNOWN SCHAEFER

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

14. Maiden name AGNES

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

16. (a) Informant Mrs Lucy Schaefer

(b) Address 7425 Ward Parkway

17. (a) BURIAL (b) Date thereof MARCH 19 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEWCOMER'S VAULTS

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 3-20-44 (b) D. 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. 7425 WARD PARKWAY
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 17TH
year 1944 hour 9 minute 00 A M.

21. I hereby certify that I attended the deceased from Dec 1943
_____, 19____, to _____, 19____;

that I last saw him alive on 3-17-44
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart disease

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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 J. N. Hodgson (M. D. or other) MD

Address 200 Plaza Med Bldg. Date signed 3-18-44

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Ms. Anderson

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 *Emile M. Calhoun*
Licensed Embalmer No. *3506*
P. O. Address *K C Wis.*

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: