

FILED APR 6 1944  
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

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:  
615 Benton Blvd. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution XX  
In this community 42 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. 615 Benton Blvd.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MILTON SCHWIND  
3. (b) If veteran, No name war \_\_\_\_\_  
3. (c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Mar. day 12th  
year 1944 hour 3: minute 30 A. M.  
21. I hereby certify that I attended the deceased from 7:16 5<sup>PM</sup>  
1944 to MAR 12 1944  
that I last saw him live on Mar 11<sup>th</sup> 1944  
and that death occurred on the date and hour stated above.

4. Sex Ma 5. Color or race Wh  
6. (a) Single, widowed, married, 2 divorced, Widowed  
(b) Name of husband or wife Etta Schwind 6. (c) Age of husband or wife if alive XX years  
7. Birth date of deceased: August 1 1870  
(Month) (Day) (Year)

Immediate cause of death myocardial infarction?  
Due to arteriosclerosis  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy none

8. AGE: Years 73 Months 7 Days 11  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Columbus Illinois  
(City, town, or county) (State or foreign country)  
10. Usual occupation Lawyer  
11. Industry or business \_\_\_\_\_  
12. Name William Schwind  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Jelsy  
15. Birthplace Switzerland  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER {  
FATHER {  
16. (a) Informant Mrs. Luella V. Hudson  
(b) Address 615 Benton Blvd.  
17. (a) Removal (b) Date thereof 3-14-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lincoln, Nebr.  
18. (a) Signature of funeral director J.M. Wagner  
(b) Address Kansas City, Mo.  
19. (a) 3-13-44 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(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) (e) Means of injury \_\_\_\_\_  
23. Signature H.H. Davis M.D. (M. D. or other)  
Address 824 Rialto Bldg Date signed 3/12/44

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

11-3154

**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 Alvin R. Haunschild

Licensed Embalmer No. 4159

P. O. Address Kansas City

**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.**