

FILED MAY 5 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13853

State File No. 1876

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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
In this community 4 Days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll
(c) City or town Norborne
(If outside city or town limits, write "RURAL")
(d) Street No. West 4th St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William L. Schifferdecker

3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex M 5. Color or race Wh.
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive

7. Birth date of deceased 10 - 16 1942
(Month) (Day) (Year)

8. AGE: Years 1 Months 10 Days 14
If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business

12. Name G. W. Schifferdecker

13. Birthplace no
(City, town, or county) (State or foreign country)

14. Maiden name Frances Linnelle

15. Birthplace no
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. G. W. Schifferdecker

(b) Address Norborne, Mo

17. (a) Removal (b) Date thereof 4-30-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Norborne, Mo.

18. (a) Signature of funeral director Mrs. C. A. Foster

(b) Address P.O. no

19. (a) 4-30-44 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th
year 1944 hour 5 minute 27 P. M.

21. I hereby certify that I attended the deceased from 4-26
1944 to 4-30 1944

that I last saw h. alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death

Empyema chest left
Pneumothorax

Due to _____

Pneumonia left

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

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 _____

23. Signature J. M. Montgomery (M. D. or other)

Address Proprietor Bldg Date signed 4/30/44

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

MOTHER FATHER

361

FOR A...

SECRET

L. G. Thompson

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 _____

Theron A. Redman

Licensed Embalmer No. _____

2237

P. O. Address _____

B. C. 222

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.