

FILED MAY 1 1944

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 1628

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:
652-WEST-61ST STREET TERRACE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 YEARS 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. 652 WEST-61ST STREET TERR.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MR. HARRY ROBERT SCHROEDER

3. (b) If veteran, name war No 3. (c) Social Security No. 496-07-0991

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. 6. (c) Age of husband or wife if 47 years
MARRIE CARR SCHROEDER alive 18 years
7. Birth date of deceased DECEMBER-18 1883
(Month) (Day) (Year)

8. AGE: Years 60 Months 3 Days 23 If less than one day
hr. _____ min. _____

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

10. Usual occupation ASSISTANT SECRETARY

11. Industry or business AMERICAN SERVICE COMPANY

12. Name WILLIAM SCHROEDER

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

14. Maiden name CARRIE E. SCHLUND

15. Birthplace ST. JOSEPH MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Schroeder

(b) Address 652 West 61st

17. (a) Burial (b) Date thereof APRIL 13 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director D. W. Newcorn, Dana

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 4-13-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 11TH
year 1944 hour 5 minute 10 P. M.

21. I hereby certify that I attended the deceased from 1940
19____, to Apr 11, 1944

that I last saw him alive on Apr 10, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Coronary occlusion

Due to Hyper-tensive heart disease - Chronic

Due to arteriosclerotic nephritis

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? _____

(Specify type of place) _____ (e) Means of injury _____

23. Signature Wm J. Jackson (M. D. or other) _____

Address 1107 Bryant Blvd. Date signed 4/13/44

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

MOTHER FATHER

Buy out 032009

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 *E. O. Heston*

Licensed Embalmer No. 1767

P. O. Address. Kansas City 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.