

Registration District No. 149

Primary Registration District No. 1002

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:
1614 Kensington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 35 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. 1614 Kensington
(If rural, give location)
(e) Citizen of foreign country? No (Yes/No)
If yes, name country _____

3. (a) PRINT

FULL NAME ARTHUR J. SCHAMBACH

3. (b) If veteran, name war No
3. (c) Social Security No. 7008
707-07-208

20. DATE OF DEATH: Month May day 25
year 1944 hour 5 minute 45 A. M.

21. I hereby certify that I attended the deceased from 5/15/44
19____ to 5/25/44;
that I last saw him alive on 5/24/44, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, Divorced Widower

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

7. Birth date of deceased Oct. 6, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 7 19 hr. _____ min.

9. Birthplace Little Rock Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Leveeman

11. Industry or business Burlington R. R.

Immediate cause of death
Hypostatic (Edm) 3 day
Pneumonia
Diphen Bronch 4 day
Pneumonia
Chol. Disforming
Arthritis, Osmidly

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____ Means of injury _____

23. Signature Coenel Helen Reed (Print name)
Address Professional Bldg Date signed 5/27/44

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

MOTHER FATHER

12. Name Charles Schambach

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

14. Maiden name Unknown

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

16. (a) Informant Carlton Schambach

(b) Address 4415 E. 9th St.

17. (a) Burial (b) Date thereof May 27, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director C. H. Blackman & Son, Inc

(b) Address Kansas City, Mo.

19. (a) 5-27-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

1010 Prof. 1989

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 *H. B. Lockman*

Licensed Embalmer No. *3639*

P. O. Address *N. C. 7ms*

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.