

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

FILED MAY 23 1944

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH: **Jackson**  
 (a) County **Kansas City**  
 (b) City or town **Kansas City**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **2417 East 69th St. /**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **XX** (Specify whether  
**Life** (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME **MISS LAURA SCHOELLER**  
 3. (b) If veteran, name war **XX** 3. (c) Social Security No. **NO**

4. Sex **Fe** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Sgl**  
 6. (b) Name of husband or wife **XX** 6. (c) Age of husband or wife if alive **XX** years  
 7. Birth date of deceased **July 16 1887**  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**56 9 26** hr. min.

9. Birthplace **Kansas City Mo. 0**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business \_\_\_\_\_

12. Name **Christian Schoeller**

13. Birthplace **Kansas City Mo. 0**  
 (City, town, or county) (State or foreign country)

14. Maiden name **Alvina Boersch**

15. Birthplace **Davenport Iowa /**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Christian Schoeller**

(b) Address **2417 East 69th St.**

17. (a) **Burial** (b) Date thereof **5-15-44**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah**

18. (a) Signature of funeral director **J. W. Wagner**

(b) Address **Kansas City, Mo.**

19. (a) **5-13-44** (b) **N. E. Brown**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Jackson 48**  
 (c) City or town **Kansas City 3**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **2417 E No 69th St. 8**  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **12th**  
 year **1944** hour **12:45** minute **A** M.

21. I hereby certify that I attended the deceased from **May 10 1944** to **May 12 1944**  
 that I last saw him alive on **May 10 1944**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Stodgkins Disease** Duration **months**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: **448**  
 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **J. E. Jones** (M. D. or other) \_\_\_\_\_

Address **80 - r Paris** Date signed **5/2/44**

Me 80 +  
84 1879  
Papers

**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 Cecil R. Matthes  
Licensed Embalmer No. 3807  
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.**