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7-39
K37823

FILED JUN 22 1944

State File No. 2427

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) 0
(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community all his life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clayson ²⁴
(c) City or town Liberty ²
(If outside city or town limits, write "RURAL") ¹
(d) Street No. - (If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Frederick P. Schell, III

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

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

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

7. Birth date of deceased December 15 1922
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
21 5 20 hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Student

11. Industry or business School

12. Name Fred P. Schell, II

13. Birthplace Missouri (City, town, or county) (State or foreign country) 0

14. Maiden name Elizabeth Huttig

15. Birthplace Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant Fred P. Schell, Sr.

(b) Address 6242 Swope Parkway, K. C., Mo.

17. (a) Burial (b) Date thereof 6-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 6-7-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th
year 1944 hour - minute P. M.

21. I hereby certify that I attended the deceased from 5-15-44 to 6-5-44, 1944
that I last saw h - alive on - and that death occurred on the date and hour stated above.

Immediate cause of death Hodgkin's Disease Duration 1 1/2 yrs.

Due to 44 15 -

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy none
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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) (c) Means of injury

23. Signature [Signature] (M. D. or other)

Address [Address] Date signed 6/16/44

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

MOTHER FATHER

*Dr. Clark Hunt
Prop. Body*

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 *John L. Hurley*
Licensed Embalmer No. *4050*
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.