

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

20853

State File No. _____

FILED JUL 15 1944

2829

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: 5443 East 28th, St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution _____
(Specify whether years, months or days)

In this community 23 Years
(Specify whether years, months or days)

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") **8**

(d) Street No. 2237 Chelsea St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME Fredric A. Schulze

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th, year 1944 hour 8 minute P. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Carolina Schulze

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased Aug. 29th, 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 9, 1944 to July 5, 1944
that I last saw him alive on July 5, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexia

Duration 10 days

8. AGE: Years Months Days If less than one day

85	10	6	hr. min.
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Due to Cardiovascular-renal Syndrome **3 yrs.**

Due to Senility

9. Birthplace Germany **4**
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

Other conditions Prostate Hypertrophy **10 yrs.**
(Include pregnancy within 3 months of death)

11. Industry or business City Inspector

12. Name Unknown

13. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

Major findings: Of operations 131 a

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Carolina Schulze

(b) Address 2237 Chelsea St.

17. (a) Burial (b) Date thereof 7/8/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

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? _____

18. (a) Signature of funeral director Earp Funeral Home

(b) Address 4139 East 15th, St. K. C. Mo.

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

While at work? _____
(Specify type of place) (c) Means of injury 3

23. Signature [Signature] (M. D. or other) **100.**
Address 3100 [Address] Date signed 7-7-44

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 B. Camp
Licensed Embalmer No. *2455*
P. O. Address *N.C. 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.