

FILED SEP 14 1944

Registration District No. 146

Primary Registration District No. 5568

Registrar's No. 213

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town ~~Kansas City~~ Blue Imp.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
8940 Independence Ave., /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 years (Specify whether years, months or days)

In this community 18 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town ~~Kansas City, Mo~~ Blue Imp.  
(If outside city or town limits, write "RURAL")

(d) Street No. 8940 Independence Ave.,  
(If rural, give location)

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

3. (a) PRINT FULL NAME SELMA L. SCHAFER

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alois Schafer 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased February 9 1893  
(Month) (Day) (Year)

8. AGE: Years 51 Months 6 Days 3 If less than one day hr. min.

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

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Hermann Troutwein

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

14. Maiden name Emma Vitt

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

16. (a) Informant Ruth K. Schafer

(b) Address 8940 Independence Ave, K. C. Mo.

17. (a) Burial (b) Date thereof 8-16-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director George C. Carson F

(b) Address Independence, Missouri

19. (a) 8-13-1944 (b) James W. Ross  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12  
year 1944 hour 5:30 minute A M.

21. I hereby certify that I attended the deceased from Jan 20 1944 to Aug 12, 1944  
that I last saw her alive on August 12 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Carcinomatosis of lungs and brain  
Due to Carcinoma of left breast 1 year.

Due to 50

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

Major findings: operated Jan 24 1944  
Of operations Carcinoma simplex solidum  
Comedo Type of left breast.  
Of autopsy none

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 0

23. Signature Harold V. Woods (M. D. or other) M.D.

Address 11037 Winner Road Date signed 8-12-44

FEB 16 1945

**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: *Dean Owens*

Licensed Embalmer No. *4280*

P. O. Address *Indep. 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.**