

Registration District No. **249** Primary Registration District No. **1002**

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

**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: **ST. JOSEPH HOSPITAL**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 MONTH**  
 (Specify whether  
 In this community **38 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. **3507 PROSPECT AVENUE**  
 (If rural, give location)  
 (e) Citizen of foreign country? **NO** (Yes or No)  
 If yes, name country **---**

**3. (a) PRINT FULL NAME** **MRS. ETHEL STEWART SCHREIBER**  
 3. (b) If veteran, name war **NO**  
 3. (c) Social Security No. **NONE**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **SEPTEMBER** day **1** 57  
 year **1944** hour **1** minute **15 A.** M.  
**21. I hereby certify that I attended the deceased from**  
**pathologist** to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

4. Sex **FEMALE** 5. Color or race **WHITE**  
 6. (a) Single, widowed, married, divorced **MARRIED**  
 6. (b) Name of husband or wife **MR. HARRY M. SCHREIBER**  
 6. (c) Age of husband or wife if alive **53** years  
 7. Birth date of deceased **JANUARY 6 1885**  
 (Month) (Day) (Year)

Immediate cause of death **Carcinoma of the rectum with metastasis to the liver**  
 Due to **Coronary sclerosis**  
 Other conditions **46 d**  
 (Include pregnancy within 3 months of death)

**8. AGE:** Years **59** Months **56** Days **7** 26  
 If less than one day hr. min.

**9. Birthplace:** **ATCHISON KANSAS**  
 (City, town, or county) (State or foreign country)  
**10. Usual occupation:** **HOUSEWIFE**

Major findings: Of operations \_\_\_\_\_  
 Of autopsy **As above**

**11. Industry or business:**  
**12. Name:** **GEORGE W. STEWART**  
**13. Birthplace:** **GENESEO ILLINOIS**  
 (City, town, or county) (State or foreign country)  
**14. Maiden name:** **CORNELIA L. FENNER**  
**15. Birthplace:** **BELLEVUE IOWA**  
 (City, town, or county) (State or foreign country)

**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 \_\_\_\_\_

**16. (a) Informant:** **MR. HARRY M. SCHREIBER**  
**(b) Address:** **3507 PROSPECT AVENUE**  
**17. (a) BURIAL** (b) Date thereof **SEPT 4 1944**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **MT. VERNON CEMETERY ATCHISON, KANSAS**  
**18. (a) Signature of funeral director:** **D. W. Newcomer's Son**  
**(b) Address:** **1401 BRUSH CREEK BLVD.**  
**19. (a) 9-2-44** (b) **D. E. Brown**  
 (Date received local registrar) (Registrar's signature)

**23. Signature:** **W. J. F. [Signature]** (M. D. or other)  
**Address:** **Pathologist** **Date signed:** **9-1-44**

NOV 20 1944

**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.....

*Clara Hestey*

Licensed Embalmer No. *1767*

P. O. Address..... *R C Ms*

**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.**