V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33407

FILED OCT 24 1944

Registration District No. 1669 Primary Registration District No. 1002 Registrar's No. 3951

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 2½ Weeks 0 (Specify whether years, months or days)

In this community 3 years

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. 4015 McGee 8
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) N

If yes, name country

3. (a) PRINT FULL NAME JOHN FALLON SCHAD

3. (b) If veteran, name war No

3. (c) Social Security No. 329-05-2125

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Jeannette Schad

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Jan 9 (Month) (Day) 1881 (Year)

8. AGE: Years 63 Months 8 Days 23 If less than one day hr. min.

9. Birthplace Richmond (City, town, or county) Virginia (State or foreign country) 1

10. Usual occupation Repairman--Typewriter

11. Industry or business Pratt-Whitney

FATHER
12. Name John Schad
13. Birthplace Virginia (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Margaret Murray
15. Birthplace No record (City, town, or county) (State or foreign country) 1

16. (a) Informant Mrs. J. F. Schad
(b) Address 4015 McGee St

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/3/44 (Month) (Day) (Year)

(c) Place: burial or cremation Pekin Ill

18. (a) Signature of funeral director Quirk and Robin Co
(b) Address 20 West Linwood.

19. (a) 10-2-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2nd day Oct year 1944 hour 1:30 minute A M.

21. I hereby certify that I attended the deceased from Aug 15th 1944, 19..., to Oct 1, 1944; that I last saw him alive on Oct 1 1944, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Generalized arteriosclerosis

Due to: Cardiac hypertrophy and dilatation

Due to: Myocardial infarction

Due to: Nephrosclerosis

Other conditions (Include pregnancy within 3 months of death): Pulmonary edema

Duration

Major findings:
Of operations: 13 10

Of autopsy: As above

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Maurice Sherwood (M. D. or other)

Address Pathologist Date signed

(Licensed Embalmer's Statement on Reverse Side) St. Joseph Hospital, K.C., Mo.

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 Charles M Turk

Licensed Embalmer No. 3774

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.