

FILED OCT 24 1944

Registration District No.

Primary Registration District No.

Registrar's No.

4134

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:
4209 Agnes
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community 45 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48
(c) City or town Kansas City, 2
(If outside city or town limits, write "RURAL")
(d) Street No. 4209 Agnes
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x (1)

3. (a) PRINT FULL NAME John Jacob Schlichenmaier

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Bertha Schlichenmaier 6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased February 3 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 8 9 hr. min.

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

10. Usual occupation Retired.

11. Industry or business X

MOTHER FATHER { 12. Name John Jacob Schlichenmaier
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name unknown,
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bertha Schlichenmaier,
(b) Address 4209 Agnes, Kansas City, Mo.

17. (a) Burial (b) Date thereof 10-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 10-13-44 (b) P. E. Brown
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12
year 1944 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from March
10, 1942, to October 12, 1944.
that I last saw him alive on October 5, 1944.
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Thrombosis Duration

Due to unknown

Due to ✓

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations ✓

Of autopsy ✓

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 Harold A. Pallett (M. D. or other) M.D.
Address 1132 Prof. Bldg. N.C. Date signed 10/13/44

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

Dr. Harold A. Pallett

Croffley

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.....

Licensed Embalmer No.....

P. O. Address.....

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.