

Registration District No. 149

Primary Registration District No. 1002

State File No.

Registrar's No.

531

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:
Krestwood Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community 63 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. 4016 Wyoming
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CLEMENT S. SCHMELZER

3. (b) If veteran, name war **NO** 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Mrs. Clara Schmelzer 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased March 4, 1876
(Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 27 If less than one day
hr. min.

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

10. Usual occupation Accountant

11. Industry or business No Information

12. Name William Schmelzer
13. Birthplace No Inf. Germany
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Jane Stuart
15. Birthplace No Inf. Penna.
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Schmelzer
(b) Address 4016 Wyoming K.C. Mo

17. (a) Cremation (b) Date thereof 2-3-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newcomers

18. (a) Signature of funeral director Geo. H. Long
(b) Address Kansas City, Kansas

19. (a) 2-2-45 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1
year 1945 hour 12:00 minute _____ M.

21. I hereby certify that I attended the deceased from Jan 26 1945 to Feb 1 1945
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration _____

Due to _____

Due to _____

Other conditions 93d
(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? _____

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

23. Signature A. S. Spafford (M. D. or other) _____
Address Prof. Dept. U.C. Mo Date signed 2-2-45

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

MOTHER FATHER

*Dr. Spafford
Prof. Bledy*

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.....

Joe B. Yoder

Licensed Embalmer No. *4173*

P. O. Address *4600 S. Longmont
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.