V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5311

FILED MAR 7 1945

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 892

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: 1003 Huntington Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX (Specify whether
In this community 57 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. 1003 Huntington Road
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CHARLES J. SCHMELZER

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Ma

5. Color or race Wh

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Alice I. Schmelzer

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

7. Birth date of deceased July (Month) 23 (Day) 1856 (Year)

8. AGE: Years 88 Months 7 Days 0 If less than one day hr. min.

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

10. Usual occupation Retired Merchant

11. Industry or business

MOTHER FATHER

12. Name John F. Schmelzer

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

14. Maiden name Matilda Horst

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

16. (a) Informant Harvey J. Schmelzer
(b) Address 1003 Huntington Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-45 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City, Mo.

19. (a) 2-23-45 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23rd
year 1945 hour 7: minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb 1 1945, 19..., to Feb 23rd 1945; that I last saw him alive on Feb 22 1945, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart failure & Uremia	2 wks
Due to: Hypertensive Cardiovascular disease & decompensation	15 yr
Due to:	
Other conditions (Include pregnancy within 3 months of death): 93	

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 Paul B. Leiter (M. D. or other) MD
Address 924 Prof. Bldg. K.C. Mo. Date signed 2-23-45

(Licensed Embalmer's Statement on Reverse Side)

11-3650

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 Albert R Hauschild

Licensed Embalmer No. 4159

P. O. Address Kansas City

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.