

FILED MAR 7 1945
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 826

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: 3337 Bellefontaine /
(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 60 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. 3337 Bellefontaine
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. ADA A. SCHMIDT

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

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Henry B. Schmidt 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased December 2 1867
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 17 If less than one day hr. min.

9. Birthplace Saline County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business No Record

12. Name " "

13. Birthplace " "

14. Maiden name No Record (State or foreign country)

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

16. (a) Informant Mrs. Lynn E. Edwards

(b) Address 3337 Bellefontaine

17. (a) Burial (b) Date thereof 2-21-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director JM Wagner
Kansas City, Mo.

(b) Address _____

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19
year 1945 hour 8: minute 15 A. M.

21. I hereby certify that I attended the deceased from several
years to Feb 19 45
and that death occurred on the date and hour stated above.
that I last saw her alive on Jan 18 45

Immediate cause of death Coronary thrombosis Duration _____
Due to Hypertension etc

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations g/a

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) (e) Means of injury _____

23. Signature Don Rosenweil (M. D. or other) _____

Address 1938 Arroyo Bldg Date signed Feb 19 45

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

11-0551
11/1/80

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 Alvin R. Hainschild

Licensed Embalmer No. 4159

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.