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. 5315

FILED MAR 13 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 989

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~~: RESEARCH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 1 Mo. 12 DAYS (Specify whether

In this community 44 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS. (b) County JOHNSON

(c) City or town KANSAS CITY 999
(If outside city or town limits, write "RURAL")

(d) Street No. 5301 FALMOUTH ROAD
(If rural, give location)

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

If yes, name country

3. (a) ~~PRINT~~ FULL NAME MR GEORGE A. SCHNEIDER

3. (b) If veteran, name war world war I

3. (c) Social Security No. 510-05-7391

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of ~~husband or~~ wife LULA MAE SCHNEIDER

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased March (Month) 18 (Day) 1900 (Year)

8. AGE: Years 44 Months 11 Days 9 If less than one day ___ hr. ___ min.

9. Birthplace K.C. (City, town, or county) Mo (State or foreign country)

10. Usual occupation assistant Sect & Treasurer

11. Industry or business John Deere Plow Co

FATHER
12. Name GEORGE SCHNEIDER
13. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name MINNIE ZIMMERMAN
15. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant MRS. LULA MAE SCHNEIDER

(b) Address 5301 FALMOUTH ROAD K.C. KANS

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH-1-1945 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ MT. MORIAH CEMETERY

18. (a) Signature of funeral director D. A. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) Mar 1-1945 (Date received local registrar) (b) J E Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 27th year 1945 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 5, 1939, to Feb 27, 1945 that I last saw him alive on Feb 27, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Retroperitoneal Sarcoma	2 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

46 h

Major findings:
Of operations

Of autopsy Retroperitoneal Sarcoma

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 [illegible] (M. D. ~~or other~~)

Address 820 Prof Bldg Date signed

361

(Licensed Embalmer's Statement on Reverse Side)

820. Professional Bldg
11-12; 2/4

MAR 30 1945

MAR 15 [illegible]

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 Oscar Forthey

Licensed Embalmer No. 1967

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.