V. S. No. 2
00M—5-43
Rev. 5-17-39
No. 1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8792

Registration District No. FILED MAR 29 1945 Primary Registration District No. 1002 Registrar's No. 1156

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:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 14 days (Specify whether
In this community 66 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. 1113 Campbell
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ~~Rose Schickhardt~~ Rosalha Schickhardt

3. (b) If veteran, name war no

3. (c) Social Security No. 492-18-7060

4. Sex Fe. 1

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Louis A.

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Feb. 5, 1879 (Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days ~~4~~ 5 If less than one day hr. min.

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

10. Usual occupation Power Machine Operator

11. Industry or business Kenwood Mfg. Co.,

FATHER
12. Name Mr. Fradenburg
13. Birthplace (City, town, or county) Unknown (State or foreign country) 4

MOTHER
14. Maiden name Eleanor Free
15. Birthplace (City, town, or county) Pa. (State or foreign country) 1

Carr Tu 1/2 96 Hstatt

16. (a) Informant Mrs. Eleanor Mason

(b) Address 6237 E. 14th Street 3-13-45

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof ~~3/12/45~~ (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address Kansas City, Mo.

19. (a) 3-12-45 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day ~~10~~ 9 year 1945 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from January 22, 1945, to March ~~10~~ 9, 1945; that I last saw her alive on March ~~10~~ 9, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of transverse colon with metastases

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

46

Duration

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 Clark W. Lechner (M. D. or other)

Address Med. Dir. Gen'l Hosp. Date signed 3-10-45

(Licensed Embalmer's Statement on Reverse Side)

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 H D Blackman

Licensed Embalmer No. 3639

P. O. Address K. C. 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.

State of Missouri
County of Jackson } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 8792
Local Registrar's No. 1156

On this ..... day of ....., 194..., before me appears Clark W. Seely, who, upon his oath, states that the original record of ~~birth~~ death for Rosaltha G. Schickhardt, ~~born~~ died March 9, 1945, in the State of Missouri, and which was filed at K.C., Mo. on March 12, 1945, should be corrected as follows:

Item No. 21 should read January 22, 1945 to March 9, 1945
Instead of January 22, 1945 to March 10, 1945

Item No. 20 should read March 9, 1945
Instead of March 10, 1945

Item No. ..... should read Patient last seen alive March 9, 1945
Instead of March 10, 1945

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Clark W Seely MD
Relationship.

Medical Director K.C.Gen.Hosp.K.C.Mo.
Present Address.

Subscribed and sworn to before me this 28th day of January, 1946.

My Commission expires May 2nd 1948 Lina M. Whalen Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S. 135
4-43
I X36667

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson }

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 8792
Local Registrar's No. 1156

On this 17th day of September, 1945, before me appears Mrs. Eleanor Mason, who, upon her oath, states that the original record of ~~birth~~ death for Rosaltha G. Schickhardt, died March 9, 1945, in the State of Missouri, and which was filed at Kansas City, Mo on 3-12-, 1945, should be corrected as follows:

Item No. 3 should read Rosaltha G. Schickhardt
Instead of Rose Schickhardt

Item No. 17 b should read 3-13-45
Instead of 3-12-45

Item No. 20 should read March 9, 1945
Instead of March 10, 1945

Item No. 21 should read January 22, 1945 to March 9-1945
Instead of January 22, 1945 to March 10, 1945

Item No. should read
Instead of Patient last seen alive March 9, 1945

Item No. should read March 10, 1945
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Eleanor Mason Informant
Relationship daughter

6237 E 14th St. K.C. Mo.
Present Address.

Subscribed and sworn to before me this 17th day of Sept, 1945.

My Commission expires Oct. 20. 1947. Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
25M-3-42
I X32339