

FILED JUN 4 1945

Registration District No. **117** Primary Registration District No. **1602**

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

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:
15 East 64th
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community... Do not know
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Jackson
 (c) City or town Kansas City MO
(If outside city or town limits, write "RURAL")
 (d) Street No. 15E 60th
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME George W. Schneider
3. (b) If veteran, name war NO
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 24
 year 1945 hour 9 minute A M.
21. I hereby certify that I attended the deceased from before
 _____, 19____, to _____, 19____;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

4. Sex Male **5. Color or** White
6. (a) Single, widowed, married, Divorced
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if 18.56
 alive _____ years
7. Birth date of deceased Feb 10 1856
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion
 Due to arterio sclerosis
 Due to _____
 Other conditions 94a
(Include pregnancy within 3 months of death)

8. AGE: Years 88 Months 8 Days 14
 If less than one day _____ hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____

12. Name Do
13. Birthplace Ill.
(City, town, or county) (State or foreign country)
14. Maiden name not
15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Coroner office
(b) Address Kansas City MO
17. (a) (Burial, cremation, or removal) Burial **(b) Date thereof** 5/25/45
(Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Pasantino Bros
(b) Address Kansas City MO
19. (a) 5-25-45 **(b) Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Major findings:
 Of operations _____
 Of autopsy No permit
History & Inspection

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) (c) Means of injury
23. Signature James Walker **(M. D. or other)** Coroner
Address 1424 Jefferson Blvd **Date signed** 5-24-45

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 Francis Walter

Licensed Embalmer No. 2744

P. O. Address R. C. 9710

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.