V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29748

FILED SEP 25 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3766

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: General Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3109 Highland Ave. 8
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME HENRY KLEINSCHMIDT

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Malvina Kleinschmidt

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

7. Birth date of deceased April 9 th, 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	4	29	hr. min.

9. Birthplace Unknown (City, town, or county) Lithuania 8 (State or foreign country)

10. Usual occupation Retired

11. Industry or business Rail Road Repairman

FATHER
12. Name Edmond Kleinschmidt
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Augusta Hundsel
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mr. Henry Fluderer

(b) Address 5015 Cherry, Kansas City, Kan.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-12-45 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Mellody-McGilley-Eyler

(b) Address 1800 Linwood Blvd. K.C. Mo.

19. (a) 9-11-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 9 day 8
year 1945 hour 7 minute A M.

21. I hereby certify that I attended the deceased from Corone, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Auto Traumatism

Due to

Due to Auto & Pedestrian

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1706'-8
21
Of autopsy yes - at General Hospital

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) accident

(b) Date of occurrence Sept 1-45 123

(c) Where did injury occur? U.S. #40 White K.C. Jackson mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
(Specify type of place)

While at work? no (e) Means of injury auto

23. Signature James Walker 3 (M. D. or other) Corone

Address 1424 Wyman Pkwy Date signed 9-9-45

(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.....

Licensed Embalmer No.....

P.O. Address.....

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.