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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. 36380

FILED DEC 6 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4801

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 Mt Prospect
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

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

(d) Street No. 4321 Indiana 8
(If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME Jack Schwartz

3. (b) If veteran, name war W.W. II

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased February (Month) 25 (Day), 1928 (Year)

8. AGE: Years 17 | Months 8 | Days 26 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Merchant Marine

11. Industry or business

FATHER
12. Name Joseph Schwartz
13. Birthplace (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name Etta Lew
15. Birthplace (City, town, or county) Russia (State or foreign country)

16. (a) Informant Etta Schwartz
(b) Address K.C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-22-45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Carmel Cemetery

18. (a) Signature of funeral director J. P. Louis Funeral Home
(b) Address K.C. Mo.

19. (a) 11-22-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 21
year 1945 hour ..... minute ..... M.

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

Immediate cause of death Fir of Farm
Fir of Cervical Vertebra

Due to Automobile Traumatism

Due to auto + steel pole

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations no op

Of autopsy no autopsy

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 11/21/45 123

(c) Where did injury occur? Kans City (City or town) Mo (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

23. Signature F H Owens (M. D. or other)

Address Kans City Mo Date signed 11/22/45

(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 Clarence D. Carson, Registered Apprentice No. 389, working under my personal supervision.

Signed Guy Buffington

Licensed Embalmer No. 2756

P. O. Address KC, 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.