S. No. 2
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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

FILED FEB 7 1946

State File No. 1734

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 361

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 36 days (Specify whether
In this community 62 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 999

(c) City or town Kansas City 14
(If outside city or town limits, write "RURAL")

(d) Street No. 2649 North 20th
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME FRANK X SCHNEIDER

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Schneider

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased July (Month) 10 (Day) 1880 (Year)

8. AGE: Years 65 Months 6 Days 8 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Car Inspector

11. Industry or business Burlington Railroad

FATHER
12. Name Frank Schneider
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Bertha Berger
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. Mary Schneider
(b) Address Kansas City Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/46 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Park Cemetery

18. (a) Signature of funeral director F. G. Hulton
(b) Address Kansas City Kansas

19. (a) 1-23-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 18th day Jan year 1946 hour 2:30 minute A M.

21. I hereby certify that I attended the deceased from , 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 Deputy Coroner

Duration

Hypostatic Pneumonia

Due to hit by train

Due to Compression of

Other conditions Spinal Cord -
(Include pregnancy within 3 months of death)

Major findings: Of operations Injury By Trauma

Of autopsy See above 169-8 30

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 123

(b) Date of occurrence 12/13/45

(c) Where did injury occur? K.C. Mo. (City or town) Jackson (County) (State)

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

While at work? yes (e) Means of injury Trauma

23. Signature A. E. Ussher (M. D. or other) M.D.

Address 2800 Main St. K.C. Mo. Date signed 1/19/46

(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 M. M. Swisher

Licensed Embalmer No. 3505

P. O. Address K C Kansas

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.