S. No. 2
M—2-43
. 5-17-39
P I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 29 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13353

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1811

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: Bellerive Hotel
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether years, months or days)
In this community since 1892

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. Bellerive Hotel, 8
(If rural, give location) U
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Mrs. Rose Schier
3. (b) If veteran, name war no.
3. (c) Social Security No. no.
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Phil Schier
6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased April (Month) 12 (Day) 1865 (Year)
8. AGE: Years 81 Months 0 Days 45 If less than one day hr. min.
9. Birthplace Pennsylvania (City, town, or county) (State or foreign country)
10. Usual occupation at home,
11. Industry or business x
12. FATHER Name Sol Abrams
13. FATHER Birthplace unknown, (City, town, or county) 9 (State or foreign country)
14. MOTHER Maiden name Frauenthal
15. MOTHER Birthplace unknown, (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs. Benjamin F. Lewis,
(b) Address Bellerive Hotel, K. C., Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-18-46 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 4-18-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 17 year 1946 hour 12:05 minute P.M.
21. I hereby certify that I attended the deceased from Oct. 4, 1944, to 4-17, 1946 that I last saw her alive on April 17, 1946 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Cardio-vascular failure
Due to Coronary sclerosis
Due to Hypertrophy chronic
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 1932
Of autopsy

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 Fred Dery (M. D. or other)
Address Kansas City, Mo. Date signed 4-17-46

(Licensed Embalmer's Statement on Reverse Side)

Dr. Ivan's Prof. Bldg.

~~Dr. [illegible] on [illegible]~~

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address NC 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.