S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20498

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2452

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:
4215 Tracy Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 27 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")

(d) Street No. 4215 Tracy 6
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank Schlater

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Catherine J. Schlater

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased January 26, 1866
(Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days 6 If less than one day hr. min.

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

10. Usual occupation Retired Railroad Engineer

11. Industry or business

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

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

16. (a) Informant Mrs. Catherine J. Schlater
(b) Address 4215 Tracy Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 3, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Platteville, Wis.

18. (a) Signature of funeral director Thos. E. Quirk
(b) Address 4316 Troost Ave.

19. (a) 6-3-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd
year 1946 hour 6 a.m. minute M.

21. I hereby certify that I attended the deceased from 10-2, 1944, to 6-2, 1946; that I last saw him alive on June 1, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Prostate	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 5/15
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) 1
While at work? (e) Means of injury 2

23. Signature Dr. Schoenhoen (M. D. or other) DO
Address 213 Werby Bldg. Date signed 6-3-46

(Licensed Embalmer's Statement on Reverse Side) ICC mo

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.....Thomas E. Turk

Licensed Embalmer No.....3775

P. O. Address.....A. C. 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.