S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 16 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23793

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2934

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 No. 1 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days) In this community almost 2 months

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.: 2929 Main Street 8 (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME: Eugene Schooley

3. (b) If veteran, name war: no

3. (c) Social Security No.: non e

4. Sex: male 0

5. Color or race: white

6. (a) Single, widowed, married, divorced: single 0

6. (b) Name of husband or wife: none

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

7. Birth date of deceased: May (Month) 5 (Day) 1946 (Year)

8. AGE: Years 0 Months 1 Days 27 If less than one day hr. min.

9. Birthplace: Kansas City (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Infant

11. Industry or business:

FATHER 12. Name: Unknown 9

13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Fran Schooley

15. Birthplace: Fort Morgan (City, town, or county) Colorado 1 (State or foreign country)

16. (a) Informant: Willows Hospital

(b) Address: 2929 Main, K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-46 (Month) (Day) (Year)

(c) Place: burial or cremation: Green Lawn

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

(b) Address: 1800 E. Linwood Blvd.

19. (a) 7-3-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1946 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from June 26, 1946 to July 2, 1946 that I last saw him alive on July 2, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertrophic pyloric stenosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 1578	

Major findings: Of operations

Of autopsy: See above

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: Wm. W. Hart (M. D. or other) M.D.

Address: Med. Dir. Gen'l Hosp. Date signed 7-2-46

(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 Glen E. Keck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.