

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 25 1947
Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1321
Registrar's No. 123

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

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 10 1/2 hrs.
(Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 118 Independence Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Adolph Schinkel
3. (b) If veteran, name war No 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 9
year 1947 hour 1 minute 35 P. M.
21. I hereby certify that I attended the deceased from 1-9-47 to 1-9-47
that I last saw him alive on 1-9-47 and that death occurred on the date and hour stated above.

4. Sex Ma 5. Color or race Wh
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Dorothy Schinkel
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased February 12 1884
(Month) (Day) (Year)

Immediate cause of death Congestive heart failure
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy See above
Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
62 10 27 _____ hr. _____ min.

9. Birthplace Kansas City Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Laborer

11. Industry or business _____
12. Name Wm. Schinkel
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name No Record
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant William Schinkel
(b) Address 118 1/2 Independence Ave.
17. (a) Burial (b) Date thereof 1-13-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill, KCK

18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City, Mo.
19. (a) 1-10-47 (b) S. Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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? _____
While at work? (Specify type of place) _____ (c) Means of injury _____
23. Signature Wm. W. Hart (M. D. or other) J. M. A.
Address Med. Dir. Gen'l Hosp. Date signed 1-9-47

Handwritten initials/signature

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 *Alvin R. Harnscheidt*
Licensed Embalmer No. *4159*
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.