

No. 2  
-12-45  
-17-39  
X47070

FILED FEB 24 1947

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 661

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:  
3889 East 62nd Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no.  
In this community 4 years  
(Specify whether 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. 3889 East 62nd Street,  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11  
year 1947 hour 9:30 minute A. M.  
21. I hereby certify that I attended the deceased from 6/11/47  
1947 to 2/11/47 1947  
that I last saw her alive on 2/11/47  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Coronary Thrombosis Duration few minutes  
Due to Hypertensive Heart Disease 2 yrs  
Due to Hypertension 3 yrs.  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 93  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Mrs. Louise S. Schuyler

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

7. Birth date of deceased July 21 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 6 21 hr. min.

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

10. Usual occupation at home,

11. Industry or business X

12. Name Henry Denkamp

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

14. Maiden name Louise Engelage  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Roy G. Schuyler

(b) Address 3889 E. 62nd St., Kansas City, Mo.

17. (a) removal (b) Date thereof 2-12-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cincinnati, Ohio,

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 2-12-47 (b) Shiraldine Holmes  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(c) 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) (d) Means of injury \_\_\_\_\_  
23. Signature James D. Smith (M. D. or other) \_\_\_\_\_  
Address 218 Professional Bldg Date signed 2/11/47

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

W.C. No.

Dr. James D. Smith

*Joseph B. Reed*  
*VI 2780*

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

*J. Clair Shppard*

Licensed Embalmer No.

*4179*

P. O. Address

*K. 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.