

No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9378

FILED MAR 21 1947

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1006

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:
5721 Central
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 8 yrs.
years, months or days)

3. (a) PRINT FULL NAME Gabriel SCHWARZ
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Selma
 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased June 13, 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>8</u>	<u>26</u>	<u>22</u> hr. _____ min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired Merchant

11. Industry or business _____
 12. Name Jesias Schwarz
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Fanny Becker
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. RUDY BARUCH
BURIAL PLACE
 (b) Address 5721 Central Kansas City, Mo.
 17. (a) 3/5/47
(Burial, cremation, or removal) (Date entered) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel Cem.
 18. (a) Signature of funeral director J.P. Louis Funeral Home
 (b) Address 3400 Woodland, Kansas City, Mo.
 19. (a) 3-5-47
(Date received local registrar) (Registrar's signature)

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. 5721 Central
(If rural, give location)
 (e) Citizen of foreign country NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11/5/47
 year _____ hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from 11/6/47
 to 11/27/47
 that I last saw him alive on 11/27/47
 and that death occurred on the date and hour stated above.

Immediate cause of death
Thrombosis of
celes arteries
hardening of
arteries
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 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? _____

While at work _____
(Specify place of place) (Means of injury)
 23. Signature Dr. R. Williams
 Address 1310 Broadway Date signed 11/5/47

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

MOTHER FATHER

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.....

A. L. Lewis

Licensed Embalmer No.....

3110

P. O. Address.....

H. C. 9th

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.