

S. No. 2  
1-12-45  
5-17-39  
I X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9379**  
Registrar's No. **1253**

**FILED APR 1 1947**  
Registration District No. **797**

Primary Registration District No. **1002**

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:  
**3024 Brooklyn**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **63 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. **3024 Brooklyn**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **LEO SCHWARZ**  
3. (b) If veteran, name war **No**  
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **16th** day **March**  
year **1947** hour **5:55** minute **A** M.  
21. I hereby certify that I attended the deceased from **Feb 11** 19**46** to **March 16** 19**47**  
that I last saw him alive on **March 15** 19**47**  
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Mary R Schwarz**  
6. (c) Age of husband or wife if alive **63** years  
7. Birth date of deceased **April 14** **1880**  
(Month) (Day) (Year)

Immediate cause of death **Cancerium Lung** Duration **3646**

8. AGE: Years Months Days If less than one day  
**66** **11** **2** hr. min.

Due to \_\_\_\_\_  
Due to **metastatic carcinoma**  
Other conditions **of liver**  
(Include pregnancy within 5 months of death)

9. Birthplace **Atchison** **Kansas**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Tavern Owner**

Major findings: Of operations **47 D**  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name **Daniel Schwarz**  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Rosie Hirschmeier**  
15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Mary R Schwarz**  
(b) Address **3024 Brooklyn**  
17. (a) **Burial** (b) Date thereof **3/18/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Calvary Cemetery**  
18. (a) Signature of funeral director **Frank G. Cohen**  
(b) Address **20 West Linwood**  
19. (a) **3-18-47** (b) **Geraldine Holme**  
(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) (e) Means of injury \_\_\_\_\_  
23. Signature **W. H. Wilber** (M. D. or other) \_\_\_\_\_  
Address **611 Professional Bldg** Date signed **3/17/47**

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**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 Howard W. Farmer .....

Licensed Embalmer No. 4134 .....

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.**