S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 25 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21332

Registration District No. 150 — Primary Registration District No. 5572 — Registrar's No. 98

1. PLACE OF DEATH:
(a) County Jackson RURAL PRAIRIE
(b) City or town R.R. #3, Lees Summit, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nolan & Bannister Road 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 49
(c) City or town R.R. #3 Lees Summit 0
(If outside city or town limits, write "RURAL")
(d) Street No. Nolan & Bannister Road 0
(If rural, give location)
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country AUSTRIA 30 years in U.S.A.

3. (a) PRINT FULL NAME FRED C. SCHEFFKNECHT
3. (b) If veteran, name war no
3. (c) Social Security No. 495-05-8060
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mrs Ursula Scheffknecht
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased October (Month) 18 (Day) 1877 (Year)

8. AGE: Years 69 | Months 7 | Days 26 | If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Austria 4 (State or foreign country)
10. Usual occupation Retired Foreman 1
11. Industry or business Bosch Embroidery Co.

FATHER
12. Name Selmer Scheffknecht
13. Birthplace ..... (City, town, or county) Austria 4 (State or foreign country)

MOTHER
14. Maiden name Mary Unknown
15. Birthplace ..... (City, town, or county) Austria 4 (State or foreign country)

16. (a) Informant Mrs. Ursula Scheffknecht.
(b) Address R.R. #3, Lees Summit, Mo
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof June 15, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation D.W. Newcomers Sons, K.C. Mo.
18. (a) Signature of funeral director D.W. Newcomers Sons
(b) Address 1401 Brush Creek Blvd., K.C., Mo
19. (a) JUNE 16, 1947 (Date received local registrar) (b) Donald C. Eamshaw (Registrar's signature) 378

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1947 hour 7 minute 00 A.M.

21. I hereby certify that I attended the deceased from Coroner, 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Insufficiency	
Due to Autum schwan	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94A	
Of autopsy no Hutry & Injection	

PHYSICIAN
Underline the cause of 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 3

23. Signature James C. Walker (M. D. or other) Coroner
Address 1424 Prof Mdy Date signed 6-14-47

Jefferson City Printing Co. (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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address Kansas City 3, 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.