

S. No. 2
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7-5-17-39
P 1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 26 1947

STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23449

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 870

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital no 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 yrs 2 mo 16 days
In this community 21 yrs 2 mo 16 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1327 Agnes Ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Adolph C. Schwitzgebel

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Do Not Know
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased not given
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about 88 - - - hr. min.

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

10. Usual occupation laborer

11. Industry or business _____

12. Name Otto John Schwitzgebel

13. Birthplace Gernsey 4
(City, town, or county) (State or foreign country)

14. Maiden name Katharine Ginnerman

15. Birthplace Gernsey 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Reisk

(b) Address 3871 G. 59th Kansas City Mo

17. (a) Removal (b) Date thereof July 19 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director St. Joseph Funeral Home

(b) Address St. Joseph Mo

19. (a) 7-22-47 (b) G. B. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1947 hour 4 minute 40 P.

21. I hereby certify that I attended the deceased from Jan 3, 1947, to July 18, 1947.
that I last saw him alive on July 18, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Due to Generalized arteriosclerosis

Other conditions 938
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 11

23. Signature James Thomas (M. D. or other)
Address St. Joseph Mo Date signed 7/18

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.....

Charles Marshall Harman....., Registered Apprentice No. *450*

working under my personal supervision.

Signed *John H. Hurley*.....

Licensed Embalmer No. *40150*

P. O. Address *St. Joseph, 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.