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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 4 1947

Registration District No. 1449

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31431

Primary Registration District No. 1001

Registrar's No. 4024

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: Research Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Clay 24

(c) City or town: North Kansas City 0
(If outside city or town limits, write "RURAL")

(d) Street No.: R.R. No. 10 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME: RICHARD HENRY SCHROEDER

3. (b) If veteran, name war: No

3. (c) Social Security No. 486-07-5917

4. Sex: Ma 0

5. Color or race: Wh

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Lucille M. Schroeder

6. (c) Age of husband or wife if alive: 41 years

7. Birth date of deceased: January (Month) 24 (Day) 1903 (Year)

8. AGE: Years 44 | Months 7 | Days 27 | If less than one day ___ hr. ___ min.

9. Birthplace: North Kansas City (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation: Chief Power Engineer

11. Industry or business: Corn Products Ref. Co.

FATHER
12. Name: Rudolph Schroeder
13. Birthplace: Missouri (State or foreign country)

MOTHER
14. Maiden name: Annie Wittmeyer
15. Birthplace: Kentucky (City, town, or county) (State or foreign country) 1

16. (a) Informant: Mrs. Lucille M. Schroeder
(b) Address: R #10 North Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-23-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: J W Wagner
(b) Address: Kansas City, Mo.

19. (a) 9-22-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21st year 1947 hour 2: minute 15 A M.

21. I hereby certify that I attended the deceased from Sept 10, 1947 to Sept 21, 1947 that I last saw him alive on Sept 20, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	
Due to: Typhoid fever	4 wks
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? (Specify type of place)
While at work (e) Means of injury 0

23. Signature: [illegible] (M. D. or other)
Address: [illegible] Date signed 9-22-47

(Licensed Embalmer's Statement on Reverse Side)

NO-3838-
2021 Knight

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, M

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.