No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 4 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

34658

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4391

WRITE PLAINLY—USING 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: Menorah Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Johnson 999
(c) City or town Mission 14
(If outside city or town limits, write "RURAL")
(d) Street No. 5210 Falmouth 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Ferdinand J. SCHLEICHER
3. (b) If veteran, name war No
3. (c) Social Security No. 486-01-9950
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Helen M. Schleicher
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased March 5, 1908 (Month) (Day) (Year)

8. AGE: Years 39 Months 7 Days 13 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Mo. 6 (State or foreign country)
10. Usual occupation Partner
11. Industry or business Cabinet Works
FATHER
12. Name Frank C. Schleicher
13. Birthplace Unknown (City, town, or county) Austria 7 (State or foreign country)
MOTHER
14. Maiden name Sophia Hofer
15. Birthplace Lenexa (City, town, or county) Kansas 1 (State or foreign country)
16. (a) Informant Mrs. Helen M. Schleicher
(b) Address 5210 Falmouth, Mission, Kan.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-21-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Mo.
19. (a) 10-20-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18th
year 1947 hour 10 minute 00 A. M.

21. I hereby certify that I attended the deceased from Oct 8th, 1947, to Oct 18th, 1947; that I last saw him alive on 10/18/, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis.

Due to Perforated duodenum

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Duodenal ulcer

Of autopsy Yes - Blown out duodenum.

Duration

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

23. Signature O. J. Printz (M. D. or other) M. D.
Address 1024 Prof. Bldg. Date signed 10/20/47

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~~ Thomas J Carter, Registered Apprentice No. 500, working under my personal supervision.

Signed J H Pryor

Licensed Embalmer No. 2999

P. O. Address KC

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.