

FILED FEB 20 1948

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 636

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 Orthopedic Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community 4 yrs (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. 3312 Sumnate
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

48
3
8
0

3. (a) PRINT FULL NAME Anthony Tony Schneider

3. (b) If veteran, name war no
3. (c) Social Security No. 494-18-9308

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife

7. Birth date of deceased April 13 1883
(Month) (Day) (Year)

8. AGE: Years 64 Months 9 Days 27
If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name Geo. A. Schneider

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

14. Maiden name No Record

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph C. Purl

(b) Address 13312 Sumnate

17. (a) Removal (b) Date thereof 2-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation off property

18. (a) Signature of funeral director W. C. L. Fowler

(b) Address 918 Brooklyn

19. (a) 2-12-48 (b) Shirley Holme
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10th
year 1948 hour 8 minute 40 P. M.

21. I hereby certify that I attended the deceased from Feb. 7 1948 to Feb. 7 1948
that I last saw him alive on Feb. 7 1948
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage
Due to arterial hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

While at work? (Specify type of place)

23. Signature Gleann W. Springer (M. D. or other) Dr.
Address Kansas City, Mo. Date signed 2-12-48

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

MOTHER FATHER

RECEIVED

Deborah Collins

2105 Grand Ave

2777 Brookside

Dr. Willard

Attn: Mr. [unclear]

2115

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: *Dean Owens*

Licensed Embalmer No. *4280*
P. O. Address *918 Brooklyn N.E., Ma.*

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.