

FILED MAY 7 1948 49

State File No. _____
Registrar's No. 1792

Registration District No. _____

Primary Registration District No. 1002

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: ROBINSON CLINIC
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 DAYS
In this community 20 DAYS
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 19
(c) City or town GARDEN CITY
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NO

3. (a) PRINT FULL NAME MR. FRED SCHMOLL

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife NO 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased DEC. 1 1881
(Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation RETIRED

11. Industry or business _____

MOTHER FATHER { 12. Name JOHN SCHMOLL
13. Birthplace GER.
(City, town, or county) (State or foreign country)
14. Maiden name EWALT
15. Birthplace PA.
(City, town, or county) (State or foreign country)

16. (a) Informant Lawrence Lehman

(b) Address Garden City, Mo
17. (a) REMOVAL (b) Date thereof 4-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GARDEN CITY, MO.

18. (a) Signature of funeral director STINE & MCCLURE

(b) Address KANSAS CITY, MO.

19. (a) 4-23-48 (b) Theraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 22
year 1948 hour 8 minute 00 A. M.

21. I hereby certify that I attended the deceased from April 2
1948, to April 22 1948;
that I last saw him alive on April 22 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to arteriosclerosis

Due to _____

Other conditions arteriosclerotic changes
(Include pregnancy within 3 months of death)

Major findings: Of operations MI

Of autopsy Coronary occlusion left

Duration

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature B. [Signature] (M. D. or other) U
Address 1418 Professional Bldg Date signed 4-23-48

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

B. Thomas & Son
1 R. M. Park
Baltimore

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..... *Robert D. Reed*

Licensed Embalmer No. *2745*

P. O. Address..... *B. C. 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.