

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

19659

State File No.

2534

FILED JUN 26 1948
Registration District No. 449

Primary Registration District No. 1002

Registrar's No.

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:
St. Lukes
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 DAYS
(Specify whether years, months or days) 40 yrs.

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. 426 W. 60th Terr.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3: (a) PRINT FULL NAME Arthur S. Schmidt

3: (b) If veteran, name war XX 3: (c) Social Security No. XX

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

6. (b) Name of husband or wife Sadie 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased December 3, 1887
(Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 12
If less than one day hr. min.

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

10. Usual occupation Salesman

11. Industry or business

12. Name Marcus Schmidt

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

14. Maiden name Dora Robinson

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

16. (a) Informant Mrs. Abe Bertman

(b) Address 426 W. 60th Terr.

17. (a) Burial (b) Date thereof 6-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield

18. (a) Signature of funeral director J. P. Louis Funeral Home

(b) Address 3400 Woodland Ave. K. C. Mo.

19. (a) 6-16-48 (b) Shealdine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th
year 48 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from June
1948 to June 15 1948
that I last saw him alive on June 15
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 36 hrs

Due to Coronary Arteriosclerosis

Due to

Other conditions Prostate Cancer 25 yrs
(Include pregnancy within 3 months of death)

Major findings: 9.5.48
Of operations

Of autopsy as above

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

23. Signature Arthur S. Schmidt (M. D. or other)
Address 426 W. 60th Terr. Kansas City, Mo.

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 _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed A. L. Louis

Licensed Embalmer No. 3110

P. O. Address K.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.