

FILED JUL 22 1948
Registration District No. **149**

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:
2025 Main St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **one day**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **ERNEST SCHABERT**

3. (b) If veteran, name war **NO**

3. (c) Social Security No. **Unknown**

4. Sex **Male**
5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Katherine Schabert**
6. (c) Age of husband or wife if alive **50** years
7. Birth date of deceased **September 28 1885**
(Month) (Day) (Year)

8. AGE: Years **68** Months **10** Days **18**
62 **9** **12**
If less than one day hr. min.

9. Birthplace **St. Peter Minnesota**
(City, town, or county) (State or foreign country)

10. Usual occupation **Railroad brakeman**

11. Industry or business **& conductor**

12. Name **Schabert**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. Ernest Schabert**

(b) Address **Conception Jct., Missouri**

17. (a) **Burial** (b) Date thereof **7-14-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ravenwood, Missouri**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City, Missouri**

19. (a) **7-12-48** (b) **Staldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Nodaway**
(c) City or town **Conception Jct.**
(If outside city or town limits, write "RURAL")
(d) Street No. **None**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **10**
year **1948** hour minute M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death **Shock** Duration

Fracture of ribs, right

Due to **Skull fracture**

Due to **Street Car Trauma**

Other conditions **(1st pedestrian)**
(Include pregnancy and birth's month and year)

Major findings: **Deputy coroner**
Of operations

Of autopsy **See above**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident 1, 2, 3**

(b) Date of occurrence **7-10-48**

(c) Where did injury occur? **Kansas City** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **no**

While at work? **No** (Specify type of place) Means of injury **Tram**

23. Signature **A. E. Upker** (M. D. or other)
Address **2809 Main** Date **7/12/48**

WHILE FILING, USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

MOTHER FATHER

MAR 13 1957

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 *Elmer C. Medelin*

Licensed Embalmer No. *3495*

P. O. Address *15 E. 7th*

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.