No. 2
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17-39

WHITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 26 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 26590

Registrar's No. 3184

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas city, MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1432 Madison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: —
In this community (Specify whether years, months or days): 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas city, MO
(If outside city or town limits, write "RURAL")
(d) Street No.: 1432 Madison
(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: Mr albert N Schaefer
3. (b) If veteran, name war: none
3. (c) Social Security No.: none

4. Sex: Male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Elizabeth Schaefer
6. (c) Age of husband or wife if alive: 70 years
7. Birth date of deceased: February (Month) 4 (Day) 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	5	29	hr. min.

9. Birthplace: Naperville (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: Retired Labor Foreman
11. Industry or business: Kansas city Terminal
MOTHER FATHER
12. Name: Frank Schaefer
13. Birthplace: Switzerland (City, town, or county) (State or foreign country)
14. Maiden name: Mary Kiemlen
15. Birthplace: Alsace Lorraine France (City, town, or county) (State or foreign country)
16. (a) Informant: Elizabeth Schaefer
(b) Address: 1432 Madison
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: France-Wornall
(b) Address: Kansas city, MO
19. (a) 8-4-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 8 day: 3
year: 1948 hour: 10 15 minute: P M.
21. I hereby certify that I attended the deceased from: Coroner, 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary disease	
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 0	
Of autopsy: no	
History & Exam	

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: James A Allen (M. D. or other) Coroner
Address: 1424 Jackson Ave Date signed: 8-4-48

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.....

..... Registered Apprentice No.....,

working under my personal supervision.

Signed Russell N France

Licensed Embalmer No. 4255

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.