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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED NOV 20 1948

U.S. DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

36858
4193

State File No.
Registrar's No.

Registration District No. 177

Primary Registration District No. 1002

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

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:
3819 E 9th Terr.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In-hospital or institution --
(Specify whether years, months or days) 2 weeks

3. (a) PRINT FULL NAME SCHOCH, William J.

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

4. Sex Male 5. Color or race Wh
6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife Laura Schoch
6. (c) Age of husband or wife if alive Dec years
7. Birth date of deceased 1/27/1882
(Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 5
If less than one day hr. min.

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

10. Usual occupation Blacksmith

11. Industry or business Self

12. Name Frederick Schoch 9

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

14. Maiden name Mary Giesing

15. Birthplace St Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. Renfro

(b) Address 3819 E 9th Terr.,

17. (a) Burial (b) Date thereof 11/4/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montrose, Mo

18. (a) Signature of funeral director John P. Sheil

(b) Address Kansas City, Mo

19. (a) 11-3-48 (b) Stetaldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kan Lone Jack, Mo
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 2
year 1948 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from 11-2 1948
that I last saw him alive on 11-1 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage
Due to Arterial Sclerosis years

Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 130'
Of autopsy
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?

E.D. Reese (Specify type of place) 2
While at work? (e) Means of injury

23. Signature E.D. Reese (M. D. or other)
Address 3309 E 12 Date signed 11-3-48

Dr. Reese -
3309 E 12
Ch 1247

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 John P. Stahl

Licensed Embalmer No. 3625

P. O. Address W. G. 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.