No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40353

FILED DEC 29 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5050

18
3
8

WRITE PLAINLY—USING 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: Vineyard Park Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 5 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108

(c) City or town Sheldon
(If outside city or town limits, write "RURAL")

(d) Street No. RR 2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mrs. Clara C. Schwartz

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mack C. Schwartz

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Dec. 18, 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
55	11	22	hr. min.

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

10. Usual occupation Housewife

11. Industry or business self employed

FATHER
12. Name Mr. Kentucky Cummings, G
13. Birthplace unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rebecca Alley G
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mack C. Schwartz
(b) Address Sheldon, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/13/48
(Month) (Day) (Year)

(c) Place: burial or cremation Md. Grove Cem., Indep. Mo.

18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence, Mo.

19. (a) 12-11-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10
year 1948 hour 7:20 minute A M.

21. I hereby certify that I attended the deceased from Nov 26, 1948, to Dec 10, 1948
that I last saw her alive on Dec 10, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia (Acute winary suppression)	5 days
Due to Cholangitis or Hepatitis	14 days
Due to Gall stones	2 yrs?
Other conditions (Include pregnancy within 3 months of death) 12	

Major findings:
Of operations Large Gallstones
Of autopsy Cholecystitis 12-6-48

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 J. G. Sheldon J. G. Sheldon (M. D. or other)

Address Sgt. Wright Date signed 12-10-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) NC Mo

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 John M. Heinman, Registered Apprentice No. 269, working under my personal supervision.

Signed Charles T. Tyler

Licensed Embalmer No. 4534

P. O. Address Lodge MD

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.