

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 43

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Vermon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u> 97' | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>14</u> | |
| c. LENGTH OF STAY (In this place) _____ | | d. STREET ADDRESS (If rural, give location) <u>2026 Kansas City Kansas</u> | |
| b. OR TOWN <u>Rural - on Highway 71 near Nevada</u> | | c. CITY OR TOWN <u>Kansas City</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Randy</u> b. (Middle) <u>Lewis</u> c. (Last) <u>Schuler</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 28 1949</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>Nov. 26, 1946</u> |
| 9. AGE (In years last birthday) <u>2</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | 11. BIRTHPLACE (State or foreign country) <u>Kansas City Kansas</u> |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME <u>Walter Lewis Schuler</u> | | 13b. MOTHER'S MAIDEN NAME <u>Betty Jean Gray</u> | | 14. NAME OF HUSBAND OR WIFE <u>W</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Betty Jean Schuler</u> ADDRESS <u>K.C., Mo</u> | |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>Congenital</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Perinatal Thrombus</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>✓</u> DUE TO (c) <u>✓</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>273X</u> | | | |

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|--|--|---|--|--|--|
| 19a. DATE OF OPERATION <u>None</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>✓</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u> | |

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|---|--|---|--|-------------------------------------|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>✓</u> | |
|---|--|---|--|-------------------------------------|--|

22. I hereby certify that I attended the deceased from Jan 28, 1949, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:00 m., from the causes and on the date stated above.

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|--|--|-------------------------------|--|----------------------------------|--|
| 23a. SIGNATURE <u>How W. Cave Jr</u> (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>Nevada Mo</u> | | 23c. DATE SIGNED <u>2 Mar 49</u> | |
|--|--|-------------------------------|--|----------------------------------|--|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Man</u> | | 24b. DATE <u>1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>unknown</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u> | |
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|--|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>Mar 2 - 1949</u> | | REGISTRAR'S SIGNATURE <u>Kathryn H. Yancus</u> | | 331 25 FUNERAL DIRECTOR'S SIGNATURE <u>Allen D. Hays</u> ADDRESS <u>Nevada Mo</u> | |
|--|--|--|--|---|--|

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

Kansas City

108 2008

RECEIVED

District Health Officer No. 7

District File Number 2-19-185

Date Filed 3-7-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Bert B. Bennett

Licensed Embalmer No. 4656

P. O. Address Nevada, 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.