

FILED JUN 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19778
2332

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 13 YEARS		85	
d. FULL NAME OF HOSPITAL OR INSTITUTION 418 WEST 69TH STREET		d. STREET ADDRESS (If rural, give location) 418 WEST 69TH STREET	

3. NAME OF DECEASED (Type or Print) SALLY	a. (First) BYRD	b. (Middle) SCHWARZ	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) MAY-27-1949
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB.-5-1866	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (State or foreign country) CARROLL COUNTY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOHN JONES	13b. MOTHER'S MAIDEN NAME ZELPH NEWSOM	14. NAME OF HUSBAND OR WIFE ALBERT W. SCHWARZ
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS MRS. HARRY GROSSMAN 418 WEST 69TH STREET KANSAS CITY, MO.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC CROCODOSIS		INTERVAL BETWEEN ONSET AND DEATH - 423
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) E EDEMA 4222		
	DUE TO (c) HOSPED ARTERIOS		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PARTOLOGICAL PROBLEMS			- 2000

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION R. FIBROS PROBABLE MALIGNANT	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input type="radio"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <input type="radio"/>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 26, 1947, to MAY 27, 1947, that I last saw the deceased alive on MAY 15, 1947, and that death occurred at 7:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE P. C. Quistgard M.D. (Degree or title) A. C. Quistgard M.D.	23b. ADDRESS 6741 BOSTON ST. KC MO.	23c. DATE SIGNED May 28 49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-29-49	24c. NAME OF CEMETERY OR CREMATORY BIG CREEK CEM.	24d. LOCATION (City, town, or county) (State) BOSWORTH, MISSOURI
DATE REC'D BY LOCAL REG 5-29-49	REGISTRAR'S SIGNATURE Geraldine Holme	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W. Newman's Sons 1331 BRUSH CREEK BL'VD KANSAS CITY, MO.	

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

1910

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Robert Ray

Signed.....
Student Embalmer

Licensed Embalmer No. *4182*

P. O. Address *Kansas City, 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.