

FILED MAR 6 1950

STANDARD CERTIFICATE OF DEATH

State File No. 5003
531

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 (If outside corporate limits, write RURAL and give township) KANSAS CITY | | c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY "Rural" | |
| c. LENGTH OF STAY (in this place) NON RESIDENT | | d. STREET ADDRESS (If rural, give location) 4602 RAYTOWN ROAD | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #1 | | | |

| | | | | | | | |
|--|------------|-------------|-----------|------------------------------|---------|-------|--------|
| 3. NAME OF DECEASED (Type or Print) GEORGE OSCAR SCHOFIELD | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH FEB. 2 1950 | (Month) | (Day) | (Year) |
|--|------------|-------------|-----------|------------------------------|---------|-------|--------|

| | | | | | | | |
|-------------|------------------------|---|-------------------------------|--|------------------------|------------------------|------|
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED DIVORCED | 8. DATE OF BIRTH MAR. 12 1890 | 9. AGE (In years last birthday) 59 YEARS | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | Min. |
|-------------|------------------------|---|-------------------------------|--|------------------------|------------------------|------|

| | | | |
|--|------------------------------------|---|-------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER | 10b. KIND OF BUSINESS* OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) EDINA, MISSOURI | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
|--|------------------------------------|---|-------------------------------------|

| | | |
|--|--|--|
| 13a. FATHER'S NAME BENJAMIN T. SCHOFIELD | 13b. MOTHER'S MAIDEN NAME MARY GRACIE DYER | 14. NAME OF HUSBAND OR WIFE MRS. ESTELLA SCHOFIELD |
|--|--|--|

| | | | |
|--|-------------------------------------|--|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. 542-16-1919 | 17. INFORMANT'S SIGNATURE OR NAME MR. ROSCOE SCHOFIELD | ADDRESS 4652 RAYTOWN RD KANSAS CITY, MO |
|--|-------------------------------------|--|---|

| | | | |
|---|--|--|----------------------------------|
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Parainfluenzae Type 1 DUE TO (c) Urinary Fever | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

| | | |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|----------------------------------|--|

| | | |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural | 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) m. | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:40 A.M., from the causes and on the date stated above.

| | | |
|--|------------------------------|-------------------------|
| 23a. SIGNATURE Hugh H. Owens (Degree or title) | 23b. ADDRESS 1038 Reath Bldg | 23c. DATE SIGNED 2-3-50 |
|--|------------------------------|-------------------------|

| | | | |
|--|-----------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE FEB. 4 1950 | 24c. NAME OF CEMETERY OR CREMATORY GREEN LAWN CEMETERY | 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI |
|--|-----------------------|--|--|

| | | | |
|---------------------------------|-----------------------------------|--|---|
| DATE REC'D BY LOCAL REG. 2-4-50 | REGISTRAR'S SIGNATURE J. Stalling | 25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newcomer's Sons | ADDRESS 1331 BRUSH CREEK BLVD KANSAS CITY, MO |
|---------------------------------|-----------------------------------|--|---|

(Licensed Embalmer's Statement on Reverse Side)

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

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.