

FILED JUN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16938

State File No.

2390

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2390</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		a. STATE Missouri		b. COUNTY Jackson	
c. LENGTH OF STAY (in this place) 60 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. STREET ADDRESS 4133 Chestnut		3618	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4133 Chestnut				d. STREET ADDRESS (If rural, give location) 4133 Chestnut			
3. NAME OF DECEASED (Type or Print)		a. (First) Emma		b. (Middle) S.		c. (Last) Schreiber	
4. DATE OF DEATH		(Month) 5		(Day) 26		(Year) 50	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 12/1/1864	9. AGE (in years last birthday) 85	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Evansville, Ind.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Adam Schweitzer			13b. MOTHER'S MAIDEN NAME Dont Know			14. NAME OF HUSBAND OR WIFE Edward Schreiber	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry Schreiber, 4133 Chestnut, K.C. 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		ANTECEDENT CAUSES					Momentary
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) General arteriosclerosis					10 yrs?
		DUE TO (c) Hypertension					10 yrs
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					42/01
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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 <u>8-5-1944</u> , to <u>5-26-1950</u> , that I last saw the deceased alive on <u>4-22-1950</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE E. L. Petry M.D.				23b. ADDRESS 300 Argyle Bldg		23c. DATE SIGNED 5-26-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-29-50		24c. NAME OF CEMETERY OR CREMATOR Mt. Moriah Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 5-27-50		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FREEMAN MORTUARY & CHAPEL, KANS. CITY, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

2-5-
Carpenter Body

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 Willis W. Bennett

Licensed Embalmer No. 4438

P. O. Address K C, 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.