

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **45106**
6136

FILED JAN 22 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>6136</u>			
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. LENGTH OF STAY (In this place) 6 YEARS		c. CITY OR TOWN KANSAS CITY		3610			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4428 AGNES AVENUE				d. STREET ADDRESS (If rural, give location) 4428 AGNES AVENUE					
3. NAME OF DECEASED (Type or Print) HENRY		a. (First) HENRY		b. (Middle) (NONE)		c. (Last) SCHNEIKART			
4. DATE OF DEATH 12-28-53		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JUNE 7, 1877		9. AGE (In years last birthday) 76			
5. SEX MALE		6. COLOR OR RACE WHITE		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ROLLER MAKER		10b. KIND OF BUSINESS OR INDUSTRY J.A. BRUENING CO.			
11. BIRTHPLACE (City and State or Foreign Country) STEINAU, AUSTRIA				12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME MICHAEL SCHNEIKART		13b. MOTHER'S MAIDEN NAME AMALIA		14. NAME OF HUSBAND OR WIFE BARBARA SCHNEIKART, DECEASED					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 500-20-9243		17. INFORMANT'S SIGNATURE OR NAME HENRY SCHNEIKART, JR. ADDRESS 4404 EATON STREET, KANSAS CITY, MISSOURI					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Hypertensive cardiovascular disease DUE TO (b) Hypertensive cardiovascular disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. 443X Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 48 hrs	
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) _____		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>1950</u> , 19 <u> </u> , to <u>12-28, 1953</u> that I last saw the deceased alive on <u>12-28, 1953</u> , and that death occurred at <u>8:28 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE Geo. G. Kealhofer (Degree or title) 0				23b. ADDRESS 4050 Broadway St. C.W.		23c. DATE SIGNED 12-29-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 12/30/53		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK		24d. LOCATION (City, town, or county) (State) KANSAS CITY KANSAS			
DATE REC'D BY LOCAL REG. 12-30-53		REGISTRAR'S SIGNATURE Gertrude Smith		25. FUNERAL DIRECTOR'S SIGNATURE D. H. Newcomer ADDRESS 1321 BRUSH CREEK BLVD. KANSAS CITY, MISSOURI					

1-5
1950

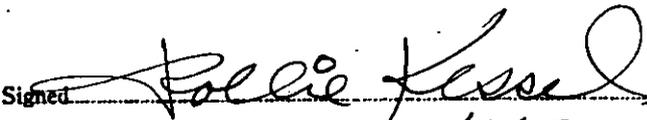
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 4690

P. O. Address K. C. M. O.

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.