

**FEDERAL BUREAU OF INVESTIGATION**  
**U.S. DEPARTMENT OF JUSTICE**  
**FEDERAL BUREAU OF INVESTIGATION**  
**FILED VS SEP 25 1959**

**59-032563**

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4468 STATE FILE NUMBER

|   |  |   |  |   |  |  |   |  |  |
|---|--|---|--|---|--|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>                    |  |  |   |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Kansas City</u>   |  | Length of stay in 1b<br><u>2 Da.</u>  |  | c. CITY OR TOWN <u>Fairway</u>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Trinity Lutheran</u>  |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location)<br><u>4770 Mission Rd.</u> |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Helen</u> Middle <u>A.</u> Last <u>Schlottzauer</u>   |  |   |  | 4. DATE OF DEATH<br>Month <u>Sept.</u> Day <u>13</u> Year <u>1959</u>   |  |  |   |  |  |
| 5. SEX <u>Fe.</u>   |  | 6. COLOR OR RACE <u>White</u>   |  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>Aug. 18, 1897</u>   |   | 9. AGE (last birthday) <u>62</u>                 |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Home</u>  |  | 11. BIRTHPLACE (City and state or country)<br><u>K.C. Kans.</u>   |  | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.</u>   |   | IF UNDER 1 YEAR<br>Months Days Hours Min.        |  |
| 13a. FATHER'S NAME<br><u>Henry A. Mayor</u>   |  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Millie L. Batley</u>                                 |   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Paul K. Schlottzauer</u>                           |   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>   |  |   | 16. SOCIAL SECURITY NO.<br><u>495 24 6907</u>  |   | 17. INFORMANT Address<br><u>Paul Schlottzauer, 4770 Mission Rd.</u>      |  |   |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Multiple Pulmonary Embolism</u><br>DUE TO (b) <u>no clot found. (Prob deep</u><br>DUE TO (c) <u>veins of leg). Oment.</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |   |  |   |  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>5 min</u> |  |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |  |   |  |  |
| 20c. TIME OF INJURY<br>Hour <u>X</u> Month, Day, Year   |  | Hour a.m. p.m.  |  |   |  |  |   |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  |  | 20f. CITY, TOWN, OR LOCATION  |  | COUNTY   |   | STATE  |  |
| 21. I attended the deceased from <u>1937</u> to <u>13 Sept 59</u> and last saw her <u>live</u> on <u>13 Sept 59</u><br>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.   |  |   |  |   |  |  |   |  |  |
| 22a. SIGNATURE (Degree or title)<br><u>Robert M. Myers M.D.</u>   |  |   |  | 22b. ADDRESS<br><u>1025 Shultz Bldg</u>   |  |  |   | 22c. DATE SIGNED<br><u>14 Sept 59</u>            |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |  | 23b. DATE<br><u>Sept. 15, 1959</u>  |  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Forest Hill Cem.</u>   |  | 23d. LOCATION (City, town, or county)<br><u>Kansas City, Missouri</u>                |   | (State)  |  |
| 24. FUNERAL DIRECTOR<br><u>Gates Funeral Home, K. C. Kans.</u>  |  |   |  | 25. DATE RECD. BY LOCAL REG.<br><u>9-14-59</u>  |  | 26. REGISTRAR'S SIGNATURE<br><u>Paul Marshall</u>                                    |   |  |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF  
Robert M. Myers

2-4751

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Murray Wilson

Licensed Embalmer No. 4989

P. O. Address Yarkeville,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.