N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D OCT 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31455
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kaw
(c) City Kansas City
Registration District No. 399
Primary Registration District No. 1002
Registered No. 3752
(d) Street No. Menorah Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 0 yrs. 0 mos. 13 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George William Schwenck 5 20
(a) Residence, No. 222 East Arch St. Nevada, Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lettie F. Schwenck
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 8, 1869
7. AGE YEARS 68 MONTHS 9 DAYS 18 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Transfer Co.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Sept 12, 1938
11. Total time (years) spent in this occupation 40 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Old Lane, Illinois

FATHER
13. NAME George W. Schwenck
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

MOTHER
15. MAIDEN NAME Anna Schneider
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT (ADDRESS) Mrs George W. Schwenck Nevada, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Nevada, Mo DATE Sept 30, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Terry Funeral Home Nevada, Mo
20. FILED Sept 26, 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26, 1938
22. I HEREBY CERTIFY, That I attended deceased from 9/13, 1938, to 9/26, 1938
I last saw him alive on 9/26, 1938 Death is said to have occurred on the date stated above, at 1:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	9/26/38
94	
Other contributory causes of importance: Benign Prostatic Hypertrophy	2-3 years ago

Name of operation cystoscopy Date of 9/15/38
What test confirmed diagnosis? Exam + Lab Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Clinton Kimith, M. D.
(Address) 505 Professional Bldg

(Licensed Embalmer's Statement on Reverse Side)

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, Personally

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Lloyd R. Wuscott

Licensed Embalmer No. 3857

P. O. Address Nevada, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.