

DEC'D JUN 8 1939

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

17696

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 2098
(c) City K. C. Mo. (d) Street No. 3434 Anderson 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

412 Robert Herman Schliebs
(a) Residence, No. 3434 Anderson St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Adele Schliebs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 3, 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 4 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Steam Fitter
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 613. NAME Robert Schliebs 614. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 615. MAIDEN NAME Henrietta Nottberg16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)17. INFORMANT Mrs. Adele Schliebs (ADDRESS) 3434 Anderson18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE May 19 193919. FUNERAL DIRECTOR (NAME) John W. Wagner (ADDRESS) K. C. Mo.20. FILED May 19 39 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 193922. I HEREBY CERTIFY, That I attended deceased from 3-1 1939 to 5-17 1939I last saw him alive on 5-13, 1939. Death is said to have occurred on the date stated above, at 10:40 pm

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage - Date of onset 8 25

Other contributory causes of importance:

Hypertension + Hardened ArteriesName of operation no Date of _____What test confirmed diagnosis? Bluish Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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? 1If so, specify Wilson City, Mo.(Signed) W. M. Brown K. C. Mo.

(Address) _____

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.

Dr. W. A. Myers

Shukert Bg

VI 3925

2 to 4:30

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.