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.

SEP 6 1939

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

28332
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson — Registration District No. 399

(b) Township Kaw — Primary Registration District No. 10

(c) City or Town Kansas City, Mo. (d) Street No. 3036 Forest 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.

Registered No. 3334

540

2. PRINT FULL NAME George W. Schimmel

(a) Residence, No. 3036 Forest St.
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Julia Schimmel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6, 1854

7. AGE: Years 85 | Months 7 | Days 16 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
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) (STATE OR COUNTRY) Ohio

FATHER

13. NAME No Record
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER

15. MAIDEN NAME No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Frank A. Griffin
(ADDRESS) 5050 Paseo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood DATE Aug. 24, 1939

19. FUNERAL DIRECTOR (NAME) John W. Wagner
(ADDRESS) Kansas City, Mo.

20. FILED 8 23, 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1935, to Aug. 22, 1939

I last saw him alive on Aug. 19, 1939. Death is said to have occurred on the date stated above, at 2:45 p.m. pm

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

	Date of onset
Mitral Regurgitation, Myocarditis	
131	

Other contributory causes of importance:

Chronic Interstitial nephritis	
Hypertension	

Name of operation — Date of
What test confirmed diagnosis? Clinical 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) S. W. Dugan, M. D.
(Address) 1401 Prospect K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Harry Wm. Dugay
1401 Prospect
CH 8347

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 com with the above constitutes grounds for revocation of license.)

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