

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

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38669

DEC 11 1939

Registration District No. 399

Primary Registration District No. 1007

Registrar's No. 4433

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: in hospital or institution 3 Days
(Specify whether
 In this community 71 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 207 West Dartmouth Road
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 71 years.

3. (a) PRINT FULL NAME Mrs. Wilhelmina Schoster 236

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Gerhardt Schoster 6. (c) Age of husband or wife if alive 16 years 1848

7. Birth date of deceased (Month) Mar. (Day) 16 (Year) 1848

8. AGE: Years	Months	Days	If less than one day
<u>91</u>	<u>8</u>	<u>2</u>	hr. _____ min.

9. Birthplace Hanover, Germany
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business 6

MOTHER FATHER { 12. Name Henry Duensing 6

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Miss Minna Schoster

(b) Address 207 West Dartmouth Road

17. (a) Burial (b) Date thereof Nov. 21, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director John W. Wagner

(b) Address Kansas City, Mo.

19. (a) Nov. 20 1939 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18th
 year 1939 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov 14, 1939, to Nov 18, 1939
 that I last saw him alive on Nov. 17, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia

Due to complications following influenza-tracheobronchitis

Due to fracture left femur

Other conditions 10 6 15
(Include pregnancy within 3 months of death)

Major findings: Of operations fract. l. femur

Of autopsy lobar pneumonia
cholelithiasis

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Acc.

(b) Date of occurrence Nov 14 - 1939

(c) Where did injury occur? 7 6. no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
1
(Specify type of place) (e) Means of injury Acc. fall

28. Signature W. M. Jackson (M. D. or other)

Address 1107 Bryant Date signed 11/20/39

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically

Wm. T. Garrison
Bryant Bg. 210848
416 N 61st 9424221

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 Cecil R Matthes

Licensed Embalmer No. 3807

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.