DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Schrage

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42258

Registration District No. 399 MAR 29 1940 Primary Registration District No. 1002

Registrar's No. 4667

1. PLACE OF DEATH:

(a) County: Jackson,

(b) City or town: Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 809 Huntington Road,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: X (Specify whether years, months or days)

In this community: X

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.: 809 Huntington Road,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME: Mrs. Dorothea Augusta Gunhilde Schrage

3. (b) If veteran, name war: X

3. (c) Social Security No.: X

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: William F. Schrage,

6. (c) Age of husband or wife if alive: X years

7. Birth date of deceased: August (Month) 28, (Day) 1858 (Year)

8. AGE: Years 81 | Months 3 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace: Bergen, Norway, (City, town, or county) (State or foreign country)

10. Usual occupation: none,

11. Industry or business: X

FATHER
12. Name: Eichler,
13. Birthplace: Bergen, Norway, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Williamson,
15. Birthplace: Bergen, Norway, (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Dorothea Victoria Loth,
(b) Address: 809 Huntington Road, K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-8-39 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Moriah Cemetery,

18. (a) Signature of funeral director: Stine & McClure,
(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) Dec. 8, 1939 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: December day: 5th year: 1939 hour: 6:00 minute: A. M.

21. I hereby certify that I attended the deceased from March 1st, 1939, to Dec 5, 1939 that I last saw her alive on Dec 4, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Mitral Regurgitation over	1 year
Due to: 92 Ov	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? / (Specify type of place)
While at work? (e) Means of injury

23. Signature: S. W. Fair (M. D.)
Address: 404½ W 75 - KC Mo Date signed: 12/5/39

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 5-17-39 — 1 X19511

Dr. S. W. Fair.
404 1/3 W 20

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 S. J. Allen

Licensed Embalmer No. 1415

P. O. Address Kansas City, M

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.