S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 9589

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1023

**1. PLACE OF DEATH:**

(a) County Jackson

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

(c) Name of hospital or institution: 2713 Jackson (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 40 yrs years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson

(c) City or town Kansas City Mo. (If outside city or town limits write "RURAL")

(d) Street No. 2713 Jackson (If rural, give location)

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

3. (a) PRINT FULL NAME William Schieder (Wm. Schieber) 160

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife Anna Schieder

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

7. Birth date of deceased Feb (Month) 6 (Day) 1870 (Year)

8. AGE: Years 70 Months 10 Days 28 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Carl Schieder
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace (City, town, or county) No Record (State or foreign country)

16. (a) Informant Louis Schieder

(b) Address 3128 Kensington

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Mar 6 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Mrs. C. L Forster

(b) Address 918 Brooklyn

19. (a) Mch 5, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Mar day 4 year 1940 hour 6 minute 45 A M.

21. I hereby certify that I attended the deceased from Feb 19, 1940 to March 4, 1940 that I last saw him alive on March 3, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 82a

Due to Hypertension Sinuity

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

Duration 14 Days

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 Ralph Perry M.D. (M. D. or other)

Address 4800 E 24 Date signed 5-5-40

(Licensed Embalmer's Statement on Reverse Side)

Dr Perry

**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 Me

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

working under my personal supervision.

Signed Dwight C. Browning

Licensed Embalmer No. 2724

P. O. Address K.C. Mo

**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.**