DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 4 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11215

Registration District No. ~~304~~ 403 Primary Registration District No. 5557 Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 56 th + Northern Blvd K C Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ? (Specify whether

In this community years, months or days) 11 7 11

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town R.F.D # 2 K. C. Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 56 th + Northern
(If rural, give location)

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

3. (a) PRINT FULL NAME Louis C. Schulze

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Sadie J Schulze

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Sep. (Month) 30 (Day) 1873 (Year)

8. AGE: Years 66 Months 5 Days 9 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Manager of the Western Union

FATHER
12. Name Henry Schulze
13. Birthplace Germany (City, town, or county) 6 (State or foreign country)

MOTHER
14. Maiden name Sophia Nierstee
15. Birthplace (City, town, or county) Germany (State or foreign country) 6

16. (a) Informant Mrs Sadie J Schulze

(b) Address 56 th + Northern K. C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. (Month) 12 (Day) 40 (Year)

(c) Place: burial or ~~cremation~~ Mt Washington

18. (a) Signature of funeral director Ott Ed Mitchell

(b) Address Independence Mo

19. (a) 3/11/40 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9 year 1940 hour 1 minute 30 P M.

21. I hereby certify that I attended the deceased from NOV. 5, 1939, to March 9, 1940 that I last saw him alive on March 9, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion with Multiple emboli	24 hours
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) auricular fibrillation Hypertension general arteriosclerosis	
Major findings: ~~Of operations~~ exp of legs	
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)

365

While at work? (e) Means of injury

23. Signature E L Saunders MD (M. D. or other) MD

Address Independence Mo Date signed 3-4

(Licensed Embalmer's Statement on Reverse Side)

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

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 Henry G. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

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

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MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11215

Registration District No. 403 Primary Registration District No. 5557 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Jackson
(b) ~~City or town~~ Brooking T.P.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Louis C. Schulze
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive Unknown years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 66 Months 5 Days 9 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) Oct. 15, 1949 (Date received local registrar) (b) D. M. Eubank, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 9
year 1940 hour minute M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
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 E. L. Saunderson (M. D. or other)
Address Independence Date signed

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1940
S-11215