

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2359

1. PLACE OF DEATH:

(a) County. Jackson
(b) City or town. Kansas City
(c) Name of hospital or institution: 1220 West 38th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community all his life years, months or days)

3. (a) PRINT FULL NAME. Frank A. Schneider, 536

3. (b) If veteran, name war. No. 3. (c) Social Security No. 327-09-2940

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

6. (b) Name of husband or wife. Grace L. Schneider 6. (c) Age of husband or wife if alive. 58 years

7. Birth date of deceased. October 23 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 7 15 hr. min.

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

10. Usual occupation. Insurance Salesman

11. Industry or business. X

12. Name. Albert Schneider, 7

18. Birthplace. Europe
(City, town, or county) (State or foreign country)

14. Maiden name. Josephine DeVivis
15. Birthplace. Europe
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Grace L. Schneider

(b) Address. 1228 West 38th St., K.C., Mo.

17. (a) Burial (b) Date thereof. 6-9-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. int. mausoleum

18. (a) Signature of funeral director. Stine & McClure

(b) Address. 3235 Gillham Plaza, K.C., Mo.

19. (a) June 9, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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. 1220 West 38th St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th,
year 1940 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from April 1st
1940 to June 18, 1940

that I last saw him alive on June 2, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Chronic Coronary Arteriosclerosis

Due to _____

Due to _____

Other conditions _____
(include pregnancy within 3 months of death)

Major findings: Ca of lungs + Pericardium
Of operations _____

Of autopsy no autopsy was done

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? _____

While at work? _____ (Specify type of place)
Means of injury 1

23. Signature Shelley Lee (M. D. or other)

Address 1578 Jefferson Bldg Date signed 6-8-40

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

Dr. Chester Leo

Prof. Biology

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.....

[Handwritten Signature]

Licensed Embalmer No. *1415-*

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.