. S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

FILED AUG 14 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24271

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2881

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: St. Luke's
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days (Specify whether years, months or days)

In this community Non-Resident

~~George Schultz~~

3. (a) PRINT FULL NAME George Schultz 436

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife No.

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

7. Birth date of deceased Nov. 18, 1869 (Month) (Day) (Year)

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

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

10. Usual occupation Farming

11. Industry or business 6

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

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

16. (a) Informant Records Clerk
(b) Address St. Luke's Hosp

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-40 (Month) (Day) (Year)
(c) Place: burial or cremation Lutheran Cemetery

18. (a) Signature of funeral director James Funeral Home
(b) Address Concordia, Missouri

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

(c) City or town Concordia
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1940 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 2, 1940, 19..., to July 18, 1940, that I last saw him alive on July 17, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic gangrene + Peritonitis — Duration

Due to Gangrenous Appendix

Due to 59

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. Lee Miller (M. D. or other)
Address City Date signed 7-18-40

(Licensed Embalmer's Statement on Reverse Side)

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 Geo. A. Stoecklein

Licensed Embalmer No. 3369

P. O. Address Pilot Grove 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.