

FILED JAN 8 1940  
399  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4715 East 27th Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 20 Years  
years, months or days)

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. 4715 East 27th Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mrs. Cora Lee Meade Schwarzott

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mr. George Schwarzott 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased October 13 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 1 23 hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name William H. Meade

13. Birthplace Campbellsburg Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Betty Ashby

15. Birthplace Smithfield Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. George Schwarzott

(b) Address 4715 East 27th Street

17. (a) Burial (b) Date thereof Dec. 9 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 12-7-40 (b) M. B. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6th  
year 1940 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from Oct 11-39  
\_\_\_\_\_ 19\_\_\_\_, to Dec 6 1940  
that I last saw h. alive on 12/5/40 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Atherosclerosis

Due to Ch. Intestinal psychosis

Other condition Myocardial degeneration  
(Include pregnancy within 3 months of death)  
Myocardial - No. basket

Major findings: ✓  
Of operations \_\_\_\_\_

Of autopsy ✓

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) (e) Means of injury 1

23. Signature D. H. Newcomer's Sons (M. D. or other)

Address 1401 Brush Creek Blvd. Date signed 12/6/40

Duration

13 1/2 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

4800 East 24th Street

**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 C. Hervey Quisenberry  
Licensed Embalmer No. 4070  
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.**