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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

APR 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9864

State File No.

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 1273

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: Research Hospital,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days
(Specify whether)

In this community 27 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. 5125 Swope Parkway,
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Hattie M. Schwab,

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

3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 41 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from March 20, 1941, to March 29, 1941; that I last saw her alive on March 29, 1941; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Edward Schwab,

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

7. Birth date of deceased: June 4, 1889
(Month) (Day) (Year)

Immediate cause of death: Posterior Pneumonia 1 week

Due to Acute Cholecystitis with General Peritonitis 1 week

Due to: 127

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

81 9 25 hr. min.

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

10. Usual occupation at home,

11. Industry or business X

Major findings: Acute cholecystitis & Peritonitis

Of operations As above

Of autopsy As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name Ehud Russell,

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

14. Maiden name M. I. Banks,

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

16. (a) Informant Mrs. F. A. Richardson,

(b) Address 1322 E. 30th, Kansas City, Mo.

17. (a) Furial, (b) Date thereof 3-31-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery,

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

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

19. (a) 3/31/41 (b) M. M. Cozmon
(Date received local registrar) (Registrar's signature)

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? _____ (c) Means of injury 1

23. Signature Nancy C. Lapp (M. D. or other) MD

Address 1103 Grand Date signed 3-30-41

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.....

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

working under my personal supervision.

Signed.....

Felix Benz

Licensed Embalmer No. *4127*

P. O. Address *Edinburg City, TX*

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, fact should be so stated above.