

No. 2
13-40
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13571**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **1552**

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: **1003 Huntington Road**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **53 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Alice Ide Schmelzer**
 3. (b) If veteran, name war **XX**
 3. (c) Social Security No. **None**

4. Sex **Fe /**
 5. Color or race **Wh**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Charles J. Schmelzer**
 6. (c) Age of husband or wife if alive **85** years
 7. Birth date of deceased **July 31 1864**
 (Month) (Day) (Year)

8. AGE: Years **76** Months **8** Days **18** If less than one day hr. min.

9. Birthplace **Leavenworth Kansas**
 (City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

12. Name **Judge H. W. Ide**
 13. Birthplace **No Record** **9**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Mary Johnson**
 15. Birthplace **No Record** **9**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Harvey J. Schmelzer**
 (b) Address **1003 Huntington Road**
Burial (b) Date thereof **4-19-41**
 (Burial, cremation, or removal) (Month) (Day) (Year)
Forest Hill Cem.
 (c) Place: burial or cremation

18. (a) Signature of funeral director: **J. Wagner**
Kansas City, Mo.
 (b) Address

19. (a) **Apr 18 1941** (b) **M. M. Crow**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson** **18**
 (c) City or town **Kansas City** **3**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **1003 Huntington Road** **8**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **18**
 year **1941** hour **2:00** minute **A. M.**

21. I hereby certify that I attended the deceased from **June 1933** to **April 17, 1941**;
 that I last saw her alive on **April 17**, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Brain tumor (malignant)** **3 yrs.**

Due to **8 yrs.**

Due to **Arterio-sclerosis & Hypertension** **8 yrs.**

Other conditions: **Hypertension**
 (Include pregnancy within 3 months of death)
 Major findings: **54**
 Of operations
 Of autopsy

Duration
 3 yrs.
 8 yrs.
 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) (b) Means of injury
 23. Signature **W. D. Robinson** (M. D. or other) **SMD**
928 Anderson Plaza Date signed **4-18-41**
 Address

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 A. R. Hauschild

Licensed Embalmer No. 4159

P. O. Address F. E. 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, fact should be so stated above.