

FILED APR 8 1942
Registration District No. **399**

Primary Registration District No. **1002**

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

48
3
8

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: 730 Bennington
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 Years
(Specify whether years, months or days)

In this community 25 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME EMMA O. SCHOENWETTER

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe.

5. Color or race Wh.

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

6. (b) Name of husband or wife Albert

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

7. Birth date of deceased April 10, 1878
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>11</u>	<u>12</u>	hr. min.

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

10. Usual occupation Homemaker

11. Industry or business

12. Name Emil O. Affeld

13. Birthplace La Croose, Wisc.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Brenner

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

16. (a) Informant Cora H. Lamphere

(b) Address 730 Bennington

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 3/21/42
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director C. H. BLACKMAN & SON, INC.

(b) Address 2825 Indep. Blvd., K. C. Mo.

19. (a) 3-24-42
(Date received local registrar)

(b) M. M. Grove
(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. 730 Bennington
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1942 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 20
1941 to March 22, 1942
that I last saw her alive on March 21, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death acute dilatation of heart
Due to coronary occlusion from infarct
Due to Arteritis

Other conditions g/a
(Include pregnancy within 3 months of death)

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? _____

Major findings:
Of operations _____

Of autopsy _____

23. Signature A. J. Mc... (M. D. or other) P.D.
Address 500 Bryant Bldg. Date signed 3-23-42

PHYSICIAN
Underline the cause to which death should be charged statistically.

Original Body

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 *W. H. Blackmore*.....

Licensed Embalmer No. *2244*.....

P. O. Address.....

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.