

Registration District No. 149

Primary Registration District No. 1002

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 **St. Joseph Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital **11 Days**
In this community **23 Years**
(Specify whether 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. **3122 Chelsea**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mr. Henry C Schulz**

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

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

6. (b) Name of husband or wife **Mrs. Adelina Lenge Schulz** 6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **March 7 1884**
(Month) (Day) (Year)

8. AGE: Years **58** Months **7** Days **4** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Captain**

11. Industry or business **Kansas City Fire Department**

12. Name **Henry Schulz**
13. Birthplace **Germany**
14. Maiden name **Antoinette Hauliny**
15. Birthplace **Germany**

16. (a) Informant **Mrs. Henry C. Schulz**

(b) Address **3122 Chelsea Avenue**

17. (a) **Burial** (b) Date thereof **Oct. 14, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial **Calvary Cemetery**

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

(b) Address **1401 Brush Creek Blvd.**

19. (a) **10-13-42** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **11th**
year **1942** hour **9** minute **30 A. M.**

21. I hereby certify that I attended the deceased from **May 4 1942** to **Oct. 11 1942**
that I last saw him alive on **Oct. 11 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Infarction - Chronic**
Due to **Carcinoma of Urinary Bladder**
Due to **52 B**
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: **Carcinoma Grade III - Urinary Bladder June 5 - 1942**
Of operations _____
Of autopsy **None**

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? _____
(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 _____
23. Signature **[Signature]** (M. D. or other) _____
Address **1019 Prof. Bldg** Date signed **10/13/42**

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

48
89

M.D. see registration
1019 Professional Body
12:30/4

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 Quisaberna
Licensed Embalmer No. 4070
P. O. Address ACMO

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.