

State File No.

Registrar's No.

FILED MAR 25 1943
Registration District No.

Primary Registration District No. 1002

1313

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

1. PLACE OF DEATH:

(a) County... Jackson

(b) City or town... Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 5 days
(Specify whether)

In this community... 7 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Jackson

(c) City or town... Kansas City, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 428 S. White
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Irene Schneider

3. (b) If veteran, name war... --

3. (c) Social Security No. 486-26-7593

4. Sex F

5. Color or race... W

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

6. (b) Name of husband or wife... William Schneider

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

7. Birth date of deceased... Sept. 15, 1901
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	41	6	0	hr. min.

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

10. Usual occupation... Housekeeper

11. Industry or business...

MOTHER FATHER { 12. Name... William P. Whitworth

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

14. Maiden name... Kathryn Covington

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

16. (a) Informant... Miss Wilma Schneider

(b) Address... 428 S White, K.C. Mo.

17. (a) Burial (b) Date thereof... Mar. 17-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... City Cemetery
Hissingsville, Mo.

18. (a) Signature of funeral director... Sheil Funeral Home

(b) Address... H. C. ...

19. (a) 3-16-43 (b) W. M. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 15
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from ... to ...
that I last saw him Deputy Coroner
and that death occurred on the date and hour stated above.

Immediate cause of death...
Acute Endometritis from Septicemia

Due to...
Septicemia

Due to...
137 B²

Other conditions...
(Include pregnancy within 3 months of death)

Major findings:
Of operations...
Of autopsy... See above

Duration

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)
(e) Means of injury... D

23. Signature... A. E. Usher (M. D. or other)
Address... 23rd McCoy Date signed... 3/18/43

361

175 lbs.
5 ft 7 in
Brown eyes
dark brown hair

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 J.P. Sheil
Licensed Embalmer No. 3625
P. O. Address K. C. New

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.