. S. No. 2
0M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 19[illegible]

Registration District No. 799

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 13400

Registrar's No. 1999

48

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: The George H. Nettleton Home, 4 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution x (Specify whether) 14 yrs.
In this community (years, months or days) 14 yrs.

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) Citizen of foreign country? (Yes or No)
If yes, name country: 1

3. (a) PRINT FULL NAME: Miss Annie Schroeder,

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

3. (c) Social Security No.: no.

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: x

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

7. Birth date of deceased: June (Month) 9 (Day) 1858 (Year)

8. AGE: Years 84 Months 10 Days 12 If less than one day hr. min.

9. Birthplace: Germany, (City, town, or county) 4 (State or foreign country)

10. Usual occupation: at home,

11. Industry or business: x

FATHER
12. Name: August Schroeder,
13. Birthplace: Germany, (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name: Justine Neubauer,
15. Birthplace: Germany, (City, town, or county) 4 (State or foreign country)

16. (a) Informant: Nettleton Home Records,
(b) Address: 5125 Swope Parkway, K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-23-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood Cemetery,

18. (a) Signature of funeral director: Stine & McClure,
(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) 4-22-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21st year 1943 hour 5:00 minute A.M.

21. I hereby certify that I attended the deceased from April 20, 1943, to April 21, 1943, that I last saw her alive on April 20, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	one day
Due to: 104	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: John G. Lapp (M. D. or other) M.D.
Address: 1314 Professional Bldg Date signed: April 21

(Licensed Embalmer's Statement on Reverse Side)

11 7 M

Dr. Lapp

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. E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. 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.