

No. 2
-2-43
-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20598
Registrar's No. 2832

FILED JUL 8 1943

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:
4221 Harrison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 58 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4221 Harrison
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Anna Schoenberg
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 17 1863
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 5
If less than one day hr. min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business
12. Name Dont know
13. Birthplace 11
(City, town, or county) (State or foreign country)
14. Maiden name Dont know
15. Birthplace 11
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Schoenberg
(b) Address 1121 Manheim Rd.
17. (a) Burial (b) Date thereof 6/25/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ROSE HILL MAUSOLEUM
18. (a) Signature of funeral director Carroll-Davidson
(b) Address 3024 Troost
19. (a) 6-24-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7/22/43 day ? year 1943 hour ? minute ? M.
21. I hereby certify that I attended the deceased from 7/16/43 to 7/22/43 that I last saw her alive on 7/22/43 and that death occurred on the date and hour stated above.

Immediate cause of death stroke
Due to hardening of arteries
Other conditions (Includes pregnancy within 3 months of death) None

Major findings: Of operations None
Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence None
(c) Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None
While at work? (Specify type of place) (e) Means of injury None
23. Signature P. E. Brown (M. D. or other)
Address 1121 Manheim Rd. Date signed 7/22/43

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

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

Julian B. Davidson

Licensed Embalmer No. 1168

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

JUL

Registration District No. 149Primary Registration District No. 1002Registrar's No. 2832

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

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

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

In this community _____ (Specify whether
years, months or days)3. (a) PRINT FULL NAME Anna Schwenberg

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced w

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased May 17 1886
(Month) (Day) (Year)8. AGE: Years 80 Months 1 Days _____ If less than one day _____ min.9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June Day 22
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;

that I last saw him/her alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death strokeCerebral hemorrhageDue to Hardening of arteries

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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

SUPPLEMENTAL

PHYSICIAN

Underline the cause to which death should be charged statistically.

23. Signature M.R. Williams (M.D. or other) _____
Address 724 Brook Street Date signed 6/24/43

205916