

FILED JAN 3 1944

Registration District No. 1944/9

Primary Registration District No. 1002

Registrar's No.

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: 1809 Myrtle
K. C. Gen'l Hosp./Outpatient Dept.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 days
(Specify whether
In this community as above
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Grandview 9
(If outside city or town limits, write "RURAL")
(d) Street No. X (If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Adolph Schaumburg

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown, 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased July 22 1858
(Month) (Day) (Year)

8. AGE: Years Months Days 20 If less than one day
85 4 21 hr. min.

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

10. Usual occupation Retired

11. Industry or business Grocery

MOTHER FATHER { 12. Name Unknown,
13. Birthplace Unknown, 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown,
15. Birthplace Unknown, 9
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Rose Engleman,

(b) Address Grandview, Missouri,

17. (a) Burial (b) Date thereof. 12-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery.

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-13-43 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12
year 1943 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from December 9 1943 to December 10 1943
that I last saw him alive on December 10 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Senility Duration

Due to 1625

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?

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

23. Signature Clark W Seely (M. D. or other) MD
Address General Hospital Date signed 12-13-43

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.....

Licensed Embalmer No. 1415

P. O. Address. R. O. M. D.

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.