S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1758

FILED MAY 5 1949

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 1758

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: 3109 Highland (If not in hospital or institution, write street number or location)

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

In this community (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. 3109 Highland (If rural, give location)

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

If yes, name country Switzerland

3. (a) PRINT FULL NAME Samuel H. Fluderer

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased Nov. (Month) 23 (Day) 1871 (Year)

8. AGE: Years 72 Months 4 Days 25 If less than one day hr. min.

9. Birthplace Switzerland (City, town, or county) 5 (State or foreign country)

10. Usual occupation Brewery Worker

11. Industry or business Retired

FATHER
12. Name No record
13. Birthplace Switzerland (City, town, or county) 5 (State or foreign country)

MOTHER
14. Maiden name No record
15. Birthplace Switzerland (City, town, or county) 5 (State or foreign country)

16. (a) Informant Henry Fluderer

(b) Address 5015 Cherry, Johnson Co. Kas.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 21, '44 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Harlyn Kor

(b) Address 7406 Wornall Rd K.C. Mo.

19. (a) 4-21-44 (Date received local registrar) (b) T. E. Brown (VZ) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 18 year 1944 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 ; that I last saw h alive on Deputy Coroner 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart

Due to Disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Inspection & History

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. E. Assher (M. D. or other)

Address 23 McCoy Date signed 4/19/44

(Licensed Embalmer's Statement on Reverse Side)

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. 2810

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.