

FILED MAY 5 1944  
Registration District No. **1749**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Kan City**  
(c) Name of hospital or institution: **1422 Lopping /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **25 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kan City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1422 Lopping**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Felix Schriber**  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. **none**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **June** day **14**  
year **1944** hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_  
that I last saw him **Deputy** **Coroner** **19**  
and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **single**  
(b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **June 5 1891**  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
**Arteriosclerotic Heart Disease**

8. AGE: Years **52** Months **10** Days **9**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace **Austria Hungary 4**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Trucking for self**  
11. Industry or business **same**

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy **Inspection & History**

MOTHER FATHER  
12. Name **Matthew Schriber**  
13. Birthplace **Austria Hungary 4**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Edell Saltel**  
15. Birthplace **Austria Hungary 4**  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant **my father Sullivan**  
(b) Address **Baltimore Md**  
17. (a) **Removed** (b) Date thereof **4-22-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Baltimore Md**

(Specify type of place)  
While at work \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
23. Signature **A. E. Upsher** (M. D. or other) **M. E.**  
**B. McCoy** Date signed **4/15/44**

18. (a) Signature of funeral director **Brown - Mayberry**  
(b) Address **2315 Remond**  
19. (a) **4-22-44** (b) **N. E. Brown**  
(Date received local registrar) (Registrar's signature)

Address \_\_\_\_\_

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**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 \_\_\_\_\_

*Ray E Snow*

Licensed Embalmer No. *2560*

P. O. Address \_\_\_\_\_

*K. E. 7th*

**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.**