

FILED MAR 3 1945
Register's District No. 777

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: 2620 Locust 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX

In this community since 1886
years, months or days Specify whether

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. 2620 Locust
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME THEODORE GEO. SCHWEIGER

(b) If veteran, name war No

(c) Social Security No. 493-14-0302

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17th
year 1945 hour 4: minute 10 A. M.

4. Sex Ma 5. Color or race Wh

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

(b) Name of husband or wife Mary F. Schweiger

(c) Age of husband or wife if alive 74 years

7. Birth date of deceased: May 1 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-15, 1945 to 2-17, 1945
that I last saw him alive on 2-16, 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 9 Days 16
If less than one day: _____ hr. _____ min.

Immediate cause of death Lobar Pneumonia

9. Birthplace: Warren County Virginia
(City, town, or county) (State or foreign country)

Due to _____

Due to 108

10. Usual occupation Contractor

Other conditions Erythema multiforme
(Include pregnancy within 3 months of death)

11. Industry or business T.G. Schweiger Const. Co.

Major findings: Of operations _____

Of autopsy 0

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

MOTHER FATHER { 12. Name Theodore J. Schweiger

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

14. Maiden name (Margaret) Krapf

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

16. (a) Informant Milton Schweiger

(b) Address 608 East 65th St.

17. (a) Burial (b) Date thereof 2-19-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary's

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 1

(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? _____

18. (a) Signature of funeral director J. W. Wagner

(b) Address Kansas City, Mo.

19. (a) 2-17-45 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place)

(e) Means of injury 0

23. Signature H. A. Quigg (M. D. or other) MD
Address 1034 Reardon Blvd Date signed 2-17-45

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

Rev. [redacted]
11-28/3

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, 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.