

S. No. 2
DM--2-43
v. 5-17-39
P-1 X35597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 5 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8470

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1296

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:
3319 East 22nd. Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 40 Years
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 49
 (c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
 (d) Street No. 3319 East 22nd. Street
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MARGARETHA BREISCH
 3. (b) If veteran, name war ***** NO
 3. (c) Social Security No. ***** None

MEDICAL CERTIFICATION:
 20. DATE OF DEATH: Month March day 21
 year 1945 hour 8:30 minute _____ A.M.
 21. I hereby certify that I attended the deceased from Sept 12
1943 to March 21 1945
 that I last saw her alive on March 20 1945
 and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color of race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (c) Age of husband or wife if alive ***** years
 7. Birth date of deceased: March 11 1857
(Month) (Day) (Year)

Immediate cause of death: _____
 Duration 3 yrs

8. AGE: Years 88 Months 0 Days 10
 If less than one day _____ hr. _____ min.

Due to Chronic myocarditis
 Due to Senility

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

Other conditions 93 d
(Include pregnancy within 3 months of death)

11. Industry or business self
 12. Name Godfried Schmidt
 13. Birthplace Wuerttenburg Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Rossina Schmalzreid
 15. Birthplace Wuerttenburg Germany
(City, town, or county) (State or foreign country)

Major findings: _____
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Martha Breisch
 (b) Address 3319 East 22nd. Street

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

17. (a) Burial (b) Date thereof 3-23-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Forest Hill Cemetery

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

18. (a) Signature of funeral director Mrs. C. L. Forster
 (b) Address 918-920 Brooklyn K.C. Mo.
 19. (a) 3-21-45 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

(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) Means of injury

23. SignatDr. J. D. Hamey (M. D. or other) DO
 Address 900 Benton St. K.C. Date sign3-21-45
Ch 5391

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

439

Dr. S. D. Ramey

9th. & Benton

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 *Theron A. Redman*

Licensed Embalmer No. *2737*

P. O. Address *H. O. Ma*

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.