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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 2 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 710

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 mo.
(Specify whether years, months or days)
 In this community 15 years

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. 1314 Cherry
(If rural, give location)
 (e) Citizen of foreign country? Unknown (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Albert Schnabel

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Unknown 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>			hr. min.

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

10. Usual occupation Laborer

11. Industry or business.....

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 Record Clerk

(b) Address K. C. General Hosp. #1

17. (a) Burial (b) Date thereof 2-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address Kansas City, Missouri

19. (a) 2-11-46 (b) Gerardine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8
 year 1946 hour 3 minute 25 A.M.

21. I hereby certify that I attended the deceased from Jan. 9, 1946, to Feb. 8, 1946;
 that I last saw him alive on Feb. 8, 1946;
 and that death occurred on the date and hour stated above.

Immediate cause of death confluent bronchopneumonia

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
 Of operations..... 107

Of autopsy.....

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 S. Seligson (M.D. or other) 2-8-46

Address Med. Dir. Gen'l Hosp. Date signed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

4849
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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 Blaine E. Wilert
Licensed Embalmer No. 4075
P. O. Address K. C. 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.