

BUREAU OF THE CENSUS
FILED APR 10 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

1449

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jacks on
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6127 Walnut Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no.
(Specify whether
In this community 41 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jacks on
(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
(d) Street No. 6127 Walnut Street
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____ X

3. (a) PRINT FULL NAME

John A. Schwab

3. (b) If veteran, name war no.

3. (c) Social Security No. none

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Mrs. Minnie A. Schwab

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased May 13 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 10 12 hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business farm

MOTHER FATHER

12. Name Edward Schwab

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

14. Maiden name Ellen A. Schwab

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

16. (a) Informant Mrs. Minnie A. Schwab

(b) Address 6127 Walnut St., Kansas City, Mo.

17. (a) burial (b) Date thereof 3-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Stins & McClure,

(b) Address 3235 Gilham Plaza, K. C., Mo.

19. (a) 3-26-46 (b) Geraldine Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1946 hour 9:00 minute A. M.

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

Immediate cause of death gun shot wound left
Due to upper chest
Due to suicide

Other conditions (Include pregnancy within 3 months of death) 164 c

Major findings: Of operations _____

Of autopsy no
History & Inspection

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

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

(b) Date of occurrence 3-25-46

(c) Where did injury occur? cc. Jackson Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home

While at work no (Specify type of place) (e) Means of injury Fire

23. Signature Jewell Blair (M.D. or _____)

Address 1444 1/2 E. 11th Date signed 3-25-46

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address N.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.