S. No. 2
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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. 20497

FILED JUL 10 1946

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 2841

19369

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

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: FOREST HOTEL 920 FOREST AVENUE (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 15 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY (If outside city or town limits, write "RURAL") 3
(d) Street No. FOREST HOTEL - 920 - FOREST AVENUE (If rural, give location) 8
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country - - -

3. (a) PRINT FULL NAME Miss EMMA SCHAEFER

3. (b) If veteran, name war No

3. (c) Social Security No. 496-01-9889

4. Sex FEMALE 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 FEBRUARY 18 1881 (Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 6 If less than one day hr. min.

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

10. Usual occupation MILLINERY.

11. Industry or business HARZFELDS

MOTHER FATHER
12. Name JOHN SCHAEFER
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
14. Maiden name MINNIE HOSSFELD
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. Informant Minnie Schaefer
Address 920 Forest

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof JUNE 26 1946 (Month) (Day) (Year)
(c) Place: ~~burial or~~ cremation D.W. NEWCOMERS SONS

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD

19. (a) 6-26-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1946 hour TWO minute 15 P.M.

21. I hereby certify that I attended the deceased from June, 1941, to June 24, 1946, that I last saw her alive on June 22, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	4 yrs
Due to: Chronic Cholecystitis	5 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations 9.3 d	
Of autopsy	

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

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? (Specify type of place)
While at work? (e) Means of injury 2

23. Signature A. E. Vaughn (M. D. or other) D.O.
Address 616 Chambers Bldg Date signed 6/24/46

(Licensed Embalmer's Statement on Reverse Side)

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 Melvin Miller

Licensed Embalmer No. 4467

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.