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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 2 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2726

Registration District No. 149 Primary Registration District No. 1002

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 St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 hrs
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Johnson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Aubry Township
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph M. Schwartz
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day _____ year 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____
to _____, 1946 to _____, 1946
that I last saw him alive on June 18
and that death occurred on the _____ date and hour stated above.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Mary Josephine
(c) Age of husband or wife if alive 48 years

Immediate cause of death:
Crushed chest - Hemorrhage
both lungs
Due to trauma
attacked by bull
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations: _____
Of autopsy: _____

7. Birth date of deceased: August 15 1887
(Month) (Day) (Year)
8. AGE: Years 58 Months 10 Days 3
If less than one day _____ hr. _____ min.

Duration _____
Physician _____
Underline the cause to which death should be charged statistically.

9. Birthplace: Wea Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer
11. Industry or business Farming Dairying

12. Name Jacob Schwartz
13. Birthplace Oberselters Nassao Germany
(City, town, or county) (State or foreign country)

14. Maiden name Frances Bauer
15. Birthplace Oberselters Nassao Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Frances Schwartz
(b) Address 2544 Holmes K.C. Mo.
17. (a) Burial (b) Date thereof 6/20/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wea Cemetery, in Kansas
18. (a) Signature of funeral director Gates Funeral Home
(b) Address 1901 Olathe Blvd K.C.K.

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 6-18-46
(c) Where did injury occur? Kansas Johnson Co. Kan.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on a farm
While at work? yes (Specify type of place) attacked by bull
Means of injury _____
23. Signature John D. Kupper (M. D. or other) R.D.
Address 1002 - Bryant Bldg Date signed 6/19/46

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

19372

Dr. Skinner
Bryant Bldg.
VI 7010

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.....

J Ross Blanford

Licensed Embalmer No.....

4015

P. O. Address.....

41 + State Line

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.