

P. S. No. 2
DOM-5-43
ev. 5-17-39
I X36671

27345

State File No. _____

FILED SEP 19 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3727

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 27 days
(Specify whether years, months or days)

In this community lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2632 Monroe 8
(If rural, give location)

(e) Citizen of foreign country? No 0
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Max W. Schieber

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27
year 1946 hour 10 minute 50 P. M.

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife Beatrice Schieber

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased September 9 1901
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug. 1 1946 to Aug. 27 1946
that I last saw him alive on Aug. 27 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 44 45 Months 11 Days 18 If less than one day _____ hr. _____ min.

Immediate cause of death Carcinoma of stomach

Due to _____

Due to _____

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

10. Usual occupation Laborer

Other conditions 46 b
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Max Schieber

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

14. Maiden name Theresa Maesel

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

16. (a) Informant Mrs Theresa Stodgell

(b) Address 2632 Monroe, K.C. Mo

17. (a) Burial (b) Date thereof Aug 30, 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

Major findings: Of operations _____

Of autopsy See above

18. (a) Signature of funeral director Melody-McGilley-Eyler

(b) Address 1800 Linwood Blvd. K.S. Mo

19. (a) 8-30-46 (b) Steraldine 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) _____

(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? _____

23. Signature Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 8-28-46

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

26185

Dr. Perkins

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.....

Dean Cole

Registered Apprentice No. *408*

working under my personal supervision.

Signed.....

Russell N. France

Licensed Embalmer No. *4255*

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.