

FILED AUG 27 1946

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3486

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: Research Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Since 8-2-46  
(Specify whether as above)  
In this community as above  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Elizabeth Schultz

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

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

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

7. Birth date of deceased Feb 12 1864  
(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 38/9  
If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business X

12. Name Victor Tiemann

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

14. Maiden name Marie Russwinkel

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

16. (a) Informant Walter Schultz

(b) Address Corder, Missouri.

17. (a) Removal (b) Date thereof 8/12/46.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Corder, Missouri.

18. (a) Signature of funeral director Stine & McClure

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

19. (a) 8-12-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11th  
year 1946 hour 3:03 minute P. M.

21. I hereby certify that I attended the deceased from Aug 2 1946 to Aug 11 1946  
that I last saw him alive on Aug 11 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Massive Pulmonary Embolus  
Renal Vein Thrombosis?

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Arteriosclerosis  
(Include pregnancy within 5 months of death)

Major findings: Coronary Arteriosclerosis  
Of operation none  
Of autopsy Same as above  
no course of embolus definitely

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, or public place? \_\_\_\_\_

23. Signature Paul Ferris (M. D. or other) 1  
Address 934 Oscay Blvd Date Aug 11 '46  
Kansas City, Mo

Duration minutes

PHYSICIAN

Underline the cause to which death should be charged

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

26189

*Conyale 10-1-30*

Dr. C. R. Ferris

DEC 17 1945

**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. Clair Sheppard*  
Licensed Embalmer No. *4179*  
P.O. Address *R. C. She*

**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.