

No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30447

State File No. _____

FILED OCT 8 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4035

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
UNION STATION - TRAIN # CAR # 43 - A. T. V. SANTA FE TRM
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community 2 WEEKS years, months or days)

3. (a) PRINT FULL NAME MRS LEAH SCHMIDT

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

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color of race WHITE

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

6. (b) Name of husband or wife MR. EDWARD SCHMIDT

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

7. Birth date of deceased JULY 7 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>2</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER

12. Name UNKNOWN PUGH

13. Birthplace UTICA NEW YORK
(City, town, or county) (State or foreign country)

14. Maiden name MATILDA TABOR

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

16. (a) Informant George Edward Schmidt

(b) Address 1812 80 CLINTON - AVE

17. (a) BERWYN - ILL (b) Date thereof SEPT. 24 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BERWYN, ILLINOIS

18. (a) Signature of funeral director. D. H. Newcomer's Son

(b) Address 1401 - BRUSH CREEK BLVD

19. (a) 9-24-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County COOK 999

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

(d) Street No. 3533 CLINTON AVENUE 0
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 23RD
year 1946 hour 10 minute 15 P.M.

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

Immediate cause of death Coronary Atherosclerosis Duration _____
Deputy Coroner

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 94a

Major findings:
Of operations _____

Of autopsy History of Inspection

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature A. E. Clacher (M. D. or D. O.)
Address 7000 Main Date 9/24/46

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

Carl Rapp

Licensed Embalmer No.

2458

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.