

No. 2
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-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U.S. GOVERNMENT PRINTING OFFICE: 1946
FILED OCT 16 1946 STANDARD CERTIFICATE OF DEATH

33761

State File No. _____
Registrar's No. **4198**

Registration District No. 149 Primary Registration District No. 1003

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
In this community 46 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1820 Lawn
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Schlegel
3. (b) If veteran, No **3. (c) Social Security** No. 487-03-4819
name war _____

4. Sex Male **5. Color or race** White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edith Schlegel
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased April 24 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>5</u>	<u>7</u>	hr. min.

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

10. Usual occupation Custodian

11. Industry or business Office Buildings

MOTHER FATHER

12. Name Rumald Schlegel
13. Birthplace Penn.
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Knobelspice
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant William R. Schlegel
(b) Address 1820 Lawn

17. (a) Burial Elmwood Cemetery **(b) Date thereof** 10/4/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery
18. (a) Signature of funeral director Earp & Sons
(b) Address 4139 E. 15th. St

19. (a) 10-4-46 **(b) Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1
year 1946 hour 9 minute 55 P. M.
21. I hereby certify that I attended the deceased from
/Sept. 4 1946 to Oct. 1 1946
that I last saw him alive on Oct. 1 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Post operative resection of rectal sigmoid colon and rectum for carcinoma of rectum and right coronary artery occlusion
Due to _____

Due to _____

Other conditions 46 2
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy See above

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)
(e) Means of injury 0
23. Signature A. Branden Hull **(M.D. or other)** 10-2-46
Address Med. Dir. Gen'l Hosp. **Date signed** _____

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

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12/12/12

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.....

Licensed Embalmer No. 29555

P. O. Address 1900 9th

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.