

FILED MAR 25 1947

1094

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH: Jacks on

(a) County Kansas City

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

(c) Name of hospital or institution: Polyclinic Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 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. 4806 East 27th Street 8
(If rural, give location)

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

If yes, name country X

3. (a) PRINT FULL NAME Roland Charles Scharf

3. (b) If veteran, name war World War #2

3. (c) Social Security No. 496-24-0390

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1947 hour 11:10 minute A. M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Mrs. Hazel Scharf

6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased September 19, 1926
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 29, 1947 to Mar 9, 1947

that I last saw him alive on Mar 9, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death hemorrhagic stroke paralytic stroke Duration

8. AGE: Years 20 Months 5 Days 20 If less than one day hr. min.

Due to _____

Due to _____

Other conditions (includes pregnancy within 3 months of death) _____

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

10. Usual occupation cement finisher

11. Industry or business _____

PHYSICIAN

Major findings: Of operations 1228

Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Charles R. Scharf

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

14. Maiden name Leota Weaver

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

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? _____

16. (a) Informant Mrs. Hazel Scharf

(b) Address 4806 E. 27th St., Kansas City, Mo.

17. (a) burial (b) Date thereof 3-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

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

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

19. (a) 3-10-47 (b) Geraldine Holmer
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature F. P. De M... (M. D. or other) 10

Address 2748 Charlotte St Date signed 3/10/47

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

Dr. DeMelfy, Gr 2993, 2748 Charlotte

APR 21 1947

OCT 16 1947

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.....

P. O. Address.....

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.