

**FILED** AUG 7 1947  
Registration District No. ....

Primary Registration District No. .... 1002

Registrar's No. .... 3107

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:  
**Newer Lake of the Woods in Swope Park 3**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **no.** (Specify whether  
In this community **30 days**  
years, months or days)

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. **112 Westport Road 8**  
(If rural, give location)  
(e) Citizen of foreign country? **no.** (Yes or No)  
If yes, name country **X**

3. (a) PRINT FULL NAME **Earl G. Schlatter**

3. (b) If veteran, name war **no.** 3. (c) Social Security No. **yes / unknown**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Gladys Schlatter** 6. (c) Age of husband or wife if alive **44** years  
7. Birth date of deceased **September 18 1907**  
(Month) (Day) (Year)

8. AGE: Years **39** Months **10** Days **5** If less than one day  
hr. min.

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

10. Usual occupation **Office Manager**

11. Industry or business **Gladys Sch. U. S. Gypsum Co., Denver**

12. Name **Oscar E. Schlatter**

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

14. Maiden name **Eva Pickering**

15. Birthplace **England 4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Gladys Schlatter**

(b) Address **112 Westport Road, K. C., Mo.**

17. (a) **removal** (b) Date thereof **7-23-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Junction City, Kansas**

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

(b) Address **3235 Gillham Plaza, Kansas City, Mo.**

19. (a) **7-23-47** (b) **Heraldine Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **23**  
year **1947** hour **12:30** minute **0** M.

21. I hereby certify that I attended the deceased from **earliest** 19... to... 19...  
that I last saw him alive on... 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death **Gun shot wound of head**

Due to .....

Due to .....

Other conditions (include pregnancy within 3 months of death) **1642**

Major findings: Of operations .....

Of autopsy **History of Prostate**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **suicide**

(b) Date of occurrence **7-23-47**

(c) Where did injury occur? **see back no**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
place? **public place**  
(Specify type of place)

While at work? **no** (e) Means of injury **shot Gun**

23. Signature **Jane ...** (M. D. or other) **no**

Address **1424 ...** Date signed **7-23-47**

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

---

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 Emery M. Plank  
Licensed Embalmer No. 1848  
P. O. Address V. P. 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.