

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED JUL 19 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2887

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:
3200 Norledge K.C. Conv. Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX (Specify whether
In this community 30 Years 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. 3200 Norledge 8
(If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Edith V. Schmidt

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th
year 1947 hour Six minute :05 A.M.

21. I hereby certify that I attended the deceased from 1947 to 1947,
that I last saw him alive on 1947
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Jack L. Schmidt

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased February 27, 1896
(Month) (Day) (Year)

Immediate cause of death Pulmonary Edema & Congestion Duration _____

Due to Toxemia from ovarian abscess

Other conditions due to Bilateral Tubo-ovarian Inflammation by Disease

Major findings:
Of operations _____

Of autopsy above 1390

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>4</u>	<u>7</u>	_____ hr. _____ min.

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

10. Usual occupation Owner & Founder

11. Industry or business Kansas City Conv. Home

12. Name George S. Graham

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

14. Maiden name Sarah E. Belleville

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

16. (a) Informant Jack L. Schmidt

(b) Address 3200 Norledge

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

(c) Place: burial or cremation Mt. Moriah Mausoleum

18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City, Missouri

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

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 Paul White (M. D. or other) M.D.
Address Trinity Lutheran Hosp. Date signed July 87

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

MOTHER FATHER

OCT - 4 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 Alvin R. Gauschell

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.