

FILED NOV 4 1947

Registration District No. _____

Primary Registration District No. 1002

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: Osteopathic Hospital
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution 3 days
In this community 7 days
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. 2315 Cypress
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. PINIE SCHUSSLER

3. (b) If veteran, name war NO 3. (c) Social Security No. no

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Albert Schussler 6. (c) Age of husband or wife if alive unk. years
7. Birth date of deceased 9 (Month) 21 (Day) 1909 (Year)

8. AGE: Years 44 Months 1 Days 2 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Fred Pittman

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

14. Maiden name Stella Louvel

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

16. (a) Informant Albert Schussler

(b) Address 2315 Cypress K.C. Mo.

17. (a) removed (b) Date thereof 10-23-47 (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph Mo.

18. (a) Signature of funeral director Arthur J. McCre
(b) Address 3235 Hillman Ave. K.C. Mo.

19. (a) 10-24-47 (Date received local registrar) (b) Sheraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23 year 1947 hour 2:36 minute A M.

21. I hereby certify that I attended the deceased from July 1, 1947 to Oct 23, 1947 that I last saw her alive on Oct 22, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure Duration 15 min.
Due to Hypostatic pneumonia 36 hrs.

Due to Scarious Carcinoma ?

Other conditions primary site in breast
(Include progress within 3 months of death)

Major findings: Of operations 50 Of autopsy _____
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 23
23. Signature Fred Pittman (M. D. or other) MD
Address 4202 1/2 E 24th Date signed 10/24/47

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

Dr. Carl Miller

4202 E. 2nd

Be. 2369

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address W.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.