. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38408

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4868

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: St. Marys Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hour
In this community 23 years (Specify whether 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. 1405 Freemont 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MR. PETER G. SCHADER
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife Mrs. Nettie Schader
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 15, 1867 (Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 2 If less than one day hr. min.

9. Birthplace ~~Peoria~~ PEORIA Illnois 1
(City, town, or county) (State or foreign country)
10. Usual occupation retired flagman
11. Industry or business K. C. Southern Ry. Co.
FATHER
12. Name Frank Schader
13. Birthplace Frankfort, Germany 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth, unkown
15. Birthplace unknown, Penna. 1
(City, town, or county) (State or foreign country)
16. (a) Informant Wilma Webster
(b) Address 1405 Freemont K. C. Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Grove Cemetery
18. (a) Signature of funeral director Geo C Carson
(b) Address Independence, Mo.
19. (a) 11-20-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17
year 1947 hour 6:20 minute P M
21. I hereby certify that I attended the deceased from Feb. 25, 1937, to Nov. 15, 1947
that I last saw him alive on Nov. 15, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	acute
Due to Chronic Myocarditis	10 yrs
Due to Arteriosclerosis	10 yrs

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93
Of autopsy —

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? (Specify type of place)
While at work? (e) Means of injury 0 MD
23. Signature W. Carnelly Richardson (M. D. or other)
Address 6520 Indep. Ave Date signed 11-19-47

(Licensed Embalmer's Statement on Reverse Side)

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 William N. Schlanke, Registered Apprentice No. 439, working under my personal supervision.

Signed R. L. Lisle

Licensed Embalmer No. 4123

P. O. Address Independence, 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.