No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

8902
State File No.
Registration District No. 149
Primary Registration District No. 1002
Registrar's No. 956

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: 307 No White
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: no (Specify whether years, months or days)
In this community: 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 307 No White
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: George W Schindorff
3. (b) If veteran, name war: no
3. (c) Social Security No.: 492-28-7355
4. Sex: Male
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Wid.
6. (b) Name of husband or wife: Lela Schindorff
6. (c) Age of husband or wife if alive: Dec. years
7. Birth date of deceased: 7 (Month) 14 (Day) 1885 (Year)

8. AGE: Years 62 Months 7 Days 14 If less than one day ___ hr. ___ min.

9. Birthplace: Pleasant Hill, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: Montgomery Ward & Co.
FATHER
12. Name: — Schindorff
13. Birthplace: France (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Diehl
15. Birthplace: Unk. (City, town, or county) (State or foreign country)
16. (a) Informant: Miss Wilma Schindorff
(b) Address: 307 No White K C Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Orient Cem. Harrisonville, Mo.
18. (a) Signature of funeral director: John P. Sheil
(b) Address: K. C. Mo.
19. (a) 3-1-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 2 day 28 year 1948 hour 10 40 minute a M.
21. I hereby certify that I attended the deceased from Corner, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gun shot wound of head	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 164C	

Major findings:
Of operations:
Of autopsy: no
History & Inspection

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): suicide
(b) Date of occurrence: 2-28-48
(c) Where did injury occur? KC Jackson Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In house (Specify type of place)
While at work? no (e) Means of injury: 12 shotgun
23. Signature: [illegible] (M. D. or other)
Address: 1424 [illegible] Date signed: 2-28-48

Jefferson City Printing Co.
(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 Charles E. Mayfield, Registered Apprentice No. 18, working under my personal supervision.

Signed John P Sheil

Licensed Embalmer No. 3625

P. O. Address K 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.