

No. 308
1-10-47
5-17-39
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
STANDARD CERTIFICATE OF DEATH

State File No. 8903

FILED MAR 20 1948
Registration District No. 449

Primary Registration District No. 1002

Registrar's No. 980

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

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:
2237 Chelsea
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. None (Specify whether
years, months or days) 50 yrs.

In this community 50 yrs. (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Caroline Schulze

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Fredric Schulze

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased December 17 1860
(Month) (Day) (Year)

8. AGE: Years 87 Months 2 Days 12 If less than one day
hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Louis K. Meier

(b) Address 2237 Chelsea

17. (a) Burial (b) Date thereof 3/3/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director Earp & Sons

(b) Address 4139 E. 15th St.

19. (a) 3-2-48 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 2237 Chelsea Ave.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 29th
year 1948 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb 26
1948 to Feb 29 1948

that I last saw her alive on Feb 26 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Corbiox Detention

Due to Bacilo Pneumonia

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 107

Of operations _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury C

23. Signature John M. Towers (M. D. or other) MD

Address 3364 Linwood Blvd Date signed 3/1/48

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

John B. Corp

Licensed Embalmer No. *2955-*

P. O. Address *N.C. 9110*

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.