S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 1 1948

Registration District No. 949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 16499
Registrar's No. 2084

WRITE PLAINLY—USING 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: St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 3 days
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. 3955 Mercier 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mary Ann SCHWARZ SCHWARS
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 single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 12, (Day) 1948 (Year)

8. AGE: Years 0 Months 0 Days 3 If less than one day hr. min.

9. Birthplace Kansas City, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name Paul A. Schwarz
13. Birthplace Kansas City, (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Rosellen Clause
15. Birthplace Kansas City, (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mr. Paul A. Schwarz
(b) Address 3955 Mercier, K.C., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Missouri
19. (a) 5-17-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1948 hour 10 P.M. minute 5 P.M.
21. I hereby certify that I attended the deceased from May 12 35 pm
12 1948 to May 15 1948
that I last saw her alive on May 15 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hemolytic anemia of Newborn
Due to A-B blood group Incompatibility
Due to
Other conditions (Include pregnancy within 3 months of death) 730
Major findings:
Of operations
Of autopsy Hemolytic anemia c severe jaundice

Duration

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)
(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
23. Signature Clark W Seely (M. D. or other) MD
Address 411 Alameda Rd Date signed 5/15/48

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.....

..... Registered Apprentice No.....,

working under my personal supervision.

Signed Glen E. Beck

Licensed Embalmer No. 4065

P. O. Address Kansas City

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.