

FILED OCT 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30558
3938

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Mo		c. LENGTH OF STAY (In this place) 1 wk.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence, Mo.		d. STREET ADDRESS (If rural, give location) 624 S. Liberty	
3. NAME OF DECEASED (Type or Print) a. (First) LOUISE b. (Middle) KATHERINE c. (Last) SCHUSTER				4. DATE OF DEATH (Month) (Day) (Year) Sept. 10, 1949			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH August 22, 1877	
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR (Months) (Days) 1 18		IF UNDER 24 HRS. (Hours) (Min.)		11. BIRTHPLACE (State or foreign country) St. Charles, Co. Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life. Housewife)				10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Conrad Klippel			13b. MOTHER'S MAIDEN NAME Louise Schweissguth			14. NAME OF HUSBAND OR WIFE Gustave	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss. Emma Schuster-624 S. Liberty			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. - It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Obstructive jaundice ANTECEDENT CAUSES Chronic cholecystitis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS _____ Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 wks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 584 X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
2. I hereby certify that I attended the deceased from 8-29, 1949 , to 9-10, 1949 that I last saw the deceased alive on 9-10, 1949 , and that death occurred at _____ m., from the causes and on the date stated above.							
22. SIGNATURE Fred J. Zammar (Degree or title) D.O.				23. ADDRESS Independence, Mo.		23c. DATE SIGNED 9/12/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 13, 1949		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.		24d. LOCATION (City, town, or county) (State) Independence Missouri	
DATE RECD BY LOCAL REG. 9-13-49		REGISTRAR'S SIGNATURE Heraldine Holmes		25. GENERAL DIRECTOR'S SIGNATURE W. Mitchell		ADDRESS Indep, Mo.	

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

OCT 8 1945

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

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Henry D. Mitchell*

Licensed Embalmer No. 3925

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.