

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9185

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>150</u>	PRIMARY REG. DIST. NO. <u>5572</u>	Registrar's No. <u>48</u>
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY <u>JOHNSON</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL PRAIRIE</u>		c. LENGTH OF STAY (in this place) <u>5 1/2</u> years		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JACKSON County Home</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Johnson</u> <u>8150</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>DORA</u> c. (Last) <u>Schlachter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 16 50</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Jan 16, 1871</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		9. AGE (In years last birthday) <u>78</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>NEBRASKA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Henry Sandritter</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET</u>		14. NAME OF HUSBAND OR WIFE <u>Russell Schlechter</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dean Schlachter 7152 Mission Rd.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> year ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis (General)</u> year DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Terminal Uremia</u> 3 days INTERVAL BETWEEN ONSET AND DEATH <u>4200</u> <u>3 days</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>March 7, 1950</u> , to <u>March 16, 1950</u> , that I last saw the deceased alive on <u>March 15, 1950</u> , and that death occurred at <u>5:30 a. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>W. H. Wilkinson M.D.</u>		23b. ADDRESS <u>1st Natl Bank Bldg</u>		23c. DATE SIGNED <u>3/16/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-17-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WYMORE, NEBRASKA</u>
24d. LOCATION (City, town, or county) (State) <u>WYMORE, NEBRASKA</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINEY McCLOVE, K.C. Mo</u>		
DATE REC'D BY LOCAL REG. <u>MARCH 16, 1950</u>		REGISTRAR'S SIGNATURE <u>Donald C. Emshew 398</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 21 RECD

**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 \_\_\_\_\_

*A J Allen*

Licensed Embalmer No. \_\_\_\_\_

1415

P. O. Address \_\_\_\_\_

*K E M*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**