M—1/47
r. 5-17-39

National Office of Vital Statistics
FILED NOV 29 1947
Registration District No. 149

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 38413
Registrar's No. 4870

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: General Hospital No. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days. (Specify whether
In this community 5 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City, 3
(If outside city or town limits, write "RURAL")
(d) Street No. 512 Woodland 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —— 0

3. (a) PRINT FULL NAME: August Schroeder
3. (b) If veteran, name war: no
3. (c) Social Security No.: none.

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed.
6. (b) Name of husband or wife: Lena Schroeder
6. (c) Age of husband or wife if alive: ——— years
7. Birth date of deceased: March (Month) 13 (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
83	8	7	hr. ——— min.

9. Birthplace: Breese Ill. 1
(City, town, or county) (State or foreign country)
10. Usual occupation: Carpenter
11. Industry or business:
MOTHER FATHER
12. Name: Christian Schroeder
13. Birthplace: Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name: Unknown 0
15. Birthplace: 11 9
(City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Theo. Kugler
(b) Address: Richmond Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 21 47
(Month) (Day) (Year)
(c) Place: burial or cremation: Fair Haven Norborne Mo.
18. (a) Signature of funeral director: Otto-Mitchell
(b) Address: Lucas Mo.
19. (a) 11-20-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20
year 1947 hour 12 minute 50 A. M.
21. I hereby certify that I attended the deceased from Nov. 11, 1947 to Nov. 20, 1947
that I last saw him alive on Nov. 20, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Thrombophlebitis-Gangrene left leg-	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Fr. rt. femur	

Major findings:
Of operations: Ov 10 14
Of autopsy: None

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) Accident 123
(b) Date of occurrence 11-10-47
(c) Where did injury occur? Above address (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? At home
While at work? No (Specify type of place) (e) Means of injury: Fall

23. Signature Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. 11-20-47 Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Mr. Cooper

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 me

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

working under my personal supervision.

Signed Henry J. Mitchell

Licensed Embalmer No. 3925

P. O. Address Lindsey 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.