

DEC 21 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41049
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
(b) Township _____ Primary Registration District No. 3014
(c) City Jefferson (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
Julius Schuricht
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-14-1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
22 11 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. ''
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County, Mo.

FATHER 13. NAME Otto Schuricht

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County, Mo.

MOTHER 15. MAIDEN NAME Anna Goldammer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County, Mo.

17. INFORMANT (ADDRESS) Otto Schuricht
Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE River View Cem DATE Dec-18- 1937

19. FUNERAL DIRECTOR (ADDRESS) Thos. J. Gordon
Jefferson City, Mo.

20. FILED 12/18/37 J. P. Redwood, M.D. (Address) _____
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16. 1937
Coroner's Case

22. I HEREBY CERTIFY, That I attended deceased from did not attend him Dec 16. 1937

I last saw him alive on did not see him alive Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Accidental death from truck wreck. Neck broken

Other contributory causes of importance:

None

Name of operation none Date of _____

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 12-16, 1937
Where did injury occur? on Highway 54, 1 mile S. of Jefferson City, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In Public Place

Manner of injury Killed by truck overturning
Nature of injury Neck broken

24. Was disease or injury in any way related to occupation of deceased? Yes.

If so, specify Killed while driving his truck.

(Signed) Frank J. Nichols Coroner
Centerton, Mo. of Cole County

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)