

REC'D JUN 16 1938

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

18128

Do not use this space.

1. PLACE OF DEATH  
(a) County CRAWFORD Registration District No. 229  
(b) Township BOONE Primary Registration District No. 4-39 Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. 5211 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 2 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME HENRY SCHELICH  
(a) Residence, No. BOURBON BOURBON, MO. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <b>MALE</b>	4. COLOR OR RACE <b>WHITE</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>WIDOWED</b>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <b>May 11, 1938</b>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>LAURA SCHELICH</b>				22. I HEREBY CERTIFY That I attended deceased from <u>May 7</u> , 19 <u>38</u> , to <u>May 11</u> , 19 <u>38</u> I last saw <u>him</u> alive on <u>May 10</u> , 19 <u>38</u> . Death is said to have occurred on the date stated above, at <u>12:35</u> A.M.	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>JULY 12, 1859</b>				The principal cause of death and related causes of importance were as follows: <b>Apoplexy</b> Date of onset _____	
7. AGE	YEARS <b>78</b>	MONTHS <b>9</b>	DAYS <b>29</b>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			Other contributory causes of importance <b>Sclerosis &amp; Hypertension</b>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <b>farmer</b>				
	10. Date deceased last worked at this occupation (month and year) <b>1928</b>				
11. Total time (years) spent in this occupation _____			Name of operation <b>None</b> Date of <b>None</b>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>INDIANA</b>				What test confirmed diagnosis? <b>physical</b> Was there an autopsy? <b>No.</b>	
FATHER	13. NAME <b>John Schelich</b>			23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <b>No.</b> Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>			Manner of injury _____ Nature of injury _____	
MOTHER	15. MAIDEN NAME <b>Laura Haevener</b>			24. Was disease or injury in any way related to occupation of deceased? <b>No.</b> If so, specify _____ (Signed) <b>R.P. Royce</b> , M. D. <b>Sullivan, Missouri.</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Franklin Co., Missouri</b>			205 (Address) _____	
17. INFORMANT (ADDRESS) <b>Joe Schelich Bourbon, Mo.</b>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Bourbon, Mo.</b> DATE <b>May 12, 1938</b>					
19. FUNERAL DIRECTOR (ADDRESS) <b>Thos. P. Shaffer Sullivan, Missouri.</b>					
20. FILED <b>May 11, 1938</b>					
				Local Registrar.	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Edgar W. Laffoon, Licensed Embalmer No. 3394  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by ME  
L. E.  
No. 3394 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Edgar W. Laffoon  
Licensed Embalmer No. 3394

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

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

18128  
Do not use this space.

1. PLACE OF DEATH

(a) County Crawford Registration District No. 229  
 (b) Township Boone Primary Registration District No. 3211 Registered No. \_\_\_\_\_  
 (c) City \_\_\_\_\_ (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 \_\_\_\_\_ mos. ds. (f) How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds.

2. PRINT FULL NAME Henry Schelich

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (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) Wid  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Schelich  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12 1839  
 7. AGE YEARS 78 MONTHS 9 DAYS 29 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 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) 1938 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

13. NAME John Schelich

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Laura Hawener

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co Mo

17. INFORMANT (ADDRESS) Gabriel Schelich Bourbon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bourbon Mo DATE May 12 38

19. FUNERAL DIRECTOR (ADDRESS) Thas P. Shaffer Sullivan Mo

20. FILED May 11 1938 W Adams Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1938

22. I HEREBY CERTIFY, That I attended deceased from May 7 1938 to May 11 1938  
 I last saw him alive on May 10 1938. Death is said to have occurred on the date stated above, at 12:35 A.  
 The principal cause of death and related causes of importance were as follows:

apoplexy  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: Senility + Hypertension  
none

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Physical Was there an autopsy? none

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_ (Signed) R. P. Royse M. D.  
Sullivan Mo (Address)

18128

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