

REC'D OCT 19 1938

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

32041
Do not use this space.

1. PLACE OF DEATH *Casper*
(a) County *Casper* Registration District No. *222*
(b) Township *Pilot Grove* Primary Registration District No. *4135* Registered No. *9*
(c) City *Pilot Grove* (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 *Richard Schoen*
(a) Residence, No. *Pilot Grove, Mo* (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *single*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept-22-1938*
7. AGE YEARS MONTHS DAYS If LESS than 1 day _____ hrs. _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *none known*
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) *Pilot Grove Missouri*

FATHER 13. NAME *Herbert Schoen*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pilot Grove Missouri*

MOTHER 15. MAIDEN NAME *Elizabeth Walje*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pilot Grove Missouri*

17. INFORMANT (ADDRESS) *Richard Schoen Pilot Grove, Mo*18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *St Joseph Cem 9-23-38*19. FUNERAL DIRECTOR (ADDRESS) *Day & Stocklen Pilot Grove, Mo*20. FILED _____ 19 _____ Local Registrar. *200*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 27, 1938*22. I HEREBY CERTIFY, That I attended deceased from *Sept 22, 1938* to *Sept 27, 1938*I last saw him alive on *Sept 27, 1938* Death is said to have occurred on the date stated above, at _____ m.

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

*Diff. Ren. Inj.*Other contributory causes of importance: *None known*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ 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? _____

If so, specify _____ (Signed) *Chas. A. Gandy*, M. D.(Address) *Pilot Grove, Mo*

Date Filed 10/5/38
District File Number
L. District Health Officer No. 8

STATEMENT BY LICENSED EMBALMER

I, The body of this infant Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
No. _____ I. E. _____ Registered Apprentice No. _____
working under my personal supervision. was not embalmed
Signed [Signature]
Licensed Embalmer No. 3074

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Copier Registration District No. 222
(b) Township Pilot Grove Primary Registration District No. 4135 Registered No.
(c) City Pilot Grove (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

Richard Schoen
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED s
(Write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

19... to ... 19...

7. AGE YEARS MONTHS DAYS If LESS than 1 day 2 hrs. or 2 min.

I last saw h... alive on ... 19... Death is said

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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

to have occurred on the date stated above, at ... m.

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

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

Date of onset

Other contributory causes of importance:

13. NAME

Name of operation ... Date of ...

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

What test confirmed diagnosis? ... Was there an autopsy? ...

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Accident, suicide, or homicide? ... Date of injury ... 19...

17. INFORMANT (ADDRESS)

Where did injury occur? ... (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL

Specify whether injury occurred in industry, in home, or in public place.

PLACE DATE 19...

Manner of injury ...

Nature of injury ...

19. FUNERAL DIRECTOR (ADDRESS)

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

If so, specify

20. FILED 9/23 1938 Mrs. E. B. M^olutehen Local Registrar.

(Signed) Chas. Sandy, M. D.

(Address) Pilot Grove

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

S-32041