

REC'D OCT 24 1938

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

32663
Do not use this space.

1. PLACE OF DEATH

(a) County Wagon Registration District No. 498
(b) Township Buckskin Primary Registration District No. 5663 Registered No. 10
(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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John Clinton Schreckhise
(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 (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 29, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 5/25 1938, to 9/29, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21, 1851

I last saw him alive on 9/26, 1938. Death is said to have occurred on the date stated above, at 9 P. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 87 4 8

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

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

Cerebral Hemorrhage
Date of onset 9/17/38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Owley County, Virginia

Other contributory causes of importance: hypertension, the following: nephritis

FATHER 13. NAME Paul Schreckhise

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ters, Austria

MOTHER 15. MAIDEN NAME Barbara Baugher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wagon, W. Va.

17. INFORMANT (ADDRESS) N. F. Schreckhise, Wagon, W. Va.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Switzer Chapel, Oct. 19, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Garson Funeral Service, Bucklin, Mo.

20. FILED 9-30, 1938 J. L. Cantwell Local Registrar.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

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? No.
If so, specify
(Signed) N. C. Sawyer M. D.
Bucklin, Mo. (Address)

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

RECEIVED

District Health Officer No. 10

District File Number 60-38-277

Date Filed 60-12-29

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

Registered Apprentice No. _____, working under my personal supervision.

Signed

C. A. Larson

Licensed Embalmer No. 4037

P. O. Address

Bucklin M.

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, above space should be left blank.