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.

REC'D JAN 9 1939

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

44104
Do not use this space.

1. PLACE OF DEATH
(a) County Pettis — Registration District No. 668
(b) Township — Primary Registration District No. 3032 — Registered No. 369
(c) City Sedalia — (d) Street No. 515 Dal-Whi-Mo.Ct. 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 Peter Schrankler
(a) Residence, No. 515 Dal-Whi-Mo.Ct. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lucille Howard Schrankler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov.1,1882

7. AGE: 56 YEARS — MONTHS: 1 — DAYS: 14 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Plant Supt.
9. Industry or business in which work was done, as saw mill, bank, etc. Overall Factory
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): Sedalia Missouri

FATHER
13. NAME: August Schrankler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Christine Helm
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs.Peter Schrankler 515 Dal-Whi-Mo.Ct.Sedalia,Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Crown Hill DATE: Dec.17,1938, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Gillespie Funeral Home Sedalia,Mo.

20. FILED 12-16-, 1938 Mrs Harry Sneed
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec.15,1938, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 1925, to Dec 15th, 1938
I last saw him alive on Dec 15th, 1938. Death is said to have occurred on the date stated above, at 1 25P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage Right with resulting Hemiplegia Left	12/15/38
Other contributory causes of importance:	
Hypertension	?

Name of operation: None Date of
What test confirmed diagnosis? Findings Was there an autopsy?

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? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: None
Nature of injury: None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jno B. Carlisle M.D., M. D.
12/16/38 (Address) 314 Johns Street Sedalia Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1/9/39

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, ...

Leonard Bouldin, or by .....

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

Signed L. E. Bouldin

Licensed Embalmer No. 3867

P. O. Address Sedalia Mo.

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

If this body is not embalmed, above space should be left blank.