

1939 FEB 6 1939

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

1465  
Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 13  
(b) Township Nodaway Primary Registration District No. 5016  
(c) City ..... (d) Street No. .... Registered No. ....  
(e) Length of residence in city or town where death occurred 8 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number)  
(f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jacob William Schrier

(a) Residence, No. Andrew County Nodaway Township (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) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Madgeline Schrier  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15 1857  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 7 15

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) Andrew County Mo.

FATHER 13. NAME Nicholas Schrier  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Switzerland

MOTHER 15. MAIDEN NAME Anna Zimmerman  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Switzerland

17. INFORMANT (ADDRESS) Max Schrier Savannah Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE German Reform DATE January 8 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E.C. Breit Savannah Mo.

20. FILED 1-6 1939 Wm A. King Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 4 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1939, to Jan 4, 1939  
I last saw him alive on Jan 4, 1939. Death is said to have occurred on the date stated above, at 4:15 p.m.  
The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction  
due to  
Strangulated Hernia  
Date of onset  
12:30 A  
Other contributory causes of importance:  
Coronary Sclerosis

Name of operation None Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? yes

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 no  
(Signed) Gilbert B. Kelley, M. D.  
(Address) Savannah, Mo.

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 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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah Mo.

**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.**