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.

26

FEB 6 1939

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

2051
Do not use this space.

1. PLACE OF DEATH
(a) County Cole.
Registration District No. 213
(b) Township
Primary Registration District No. 3014
Registered No. 17
(c) City Jefferson.
(d) Street No. St. Marys. Hospital. 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 Urban L. Schell.
(a) Residence, No. 706 Broadway. 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) Single.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April. 4. 1889.
7. AGE YEARS 49 MONTHS 9 DAYS 19 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter.
9. Industry or business in which work was done, as saw mill, bank, etc. Building.
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) St. Thomas. Missouri.

FATHER
13. NAME Francis Xavier Schell.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Co. Missouri.

MOTHER
15. MAIDEN NAME Christina Gerling.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

17. INFORMANT (ADDRESS) Laura Schell. 706 Broadway.
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters cem. DATE Jan. 26 1939.
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Tanner Service. Jefferson City Mo. 111
20. FILED 1/25/ 1939 A. W. Bedford M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23. 1939.

22. I HEREBY CERTIFY, That I attended deceased from January 14th 1939, to January 23d 1939
I last saw him alive on January 23d 1939. Death is said to have occurred on the date stated above, at 1:50 P.m.
The principal cause of death and related causes of importance were as follows:

Acute Dilation of Heart

Date of onset

Other contributory causes of importance: Perforation Gastric Ulcer
Beginning Carcinoma
Metastasis of Liver

Name of operation Laparotomy Date of Jan 17th 39
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? X Date of injury X, 19 X
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. X
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) James Howard M. D.
(Address) 626 Jefferson St

(Licensed Embalmer's Statement on Reverse Side)

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, D. M. Davis, or by .....

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

Signed D. M. Davis

Licensed Embalmer No. 3741.

P. O. Address Jefferson City 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.