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.

49
5
2

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

DEC'D MAR 17 1939

6808
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper / Registration District No. 408
(b) Township / Primary Registration District No. 3020 Registered No. 41
(c) City Carthage (d) Street No. McCune-Brooks 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 23 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
46"

2. PRINT FULL NAME Milo Schooler
(a) Residence, No. 617 E. 3rd St. 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) May 17, 1915

7. AGE: Years 23 | Months 9 | Days 10 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. Highway Dept.
10. Date deceased last worked at this occupation (month and year) 2/27/39
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Ira O. Schooler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Noble County Ohio

MOTHER
15. MAIDEN NAME Mabel Crawford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carthage Missouri

17. INFORMANT Ira O. Schooler
(ADDRESS) 617 E. 3rd - Carthage

18. BURIAL, CREMATION, OR REMOVAL
PLACE Peterson Cem. DATE Mar. 3, 1939

19. FUNERAL DIRECTOR (NAME) Lucas Mortuary
(ADDRESS) Carthage, Mo.

20. FILED Feb. 28, 1939 E. J. McIntire, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....19.... to ....19....
I last saw him alive on Feb. 27, 1939. Death is said to have occurred on the date stated above, at 11:00 a.m. 2/27/39
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broken Fracture Rib of right side lower and left pelvis fractured	
Other contributory causes of importance: Struck hit him while working on Highway 71	

Name of operation none 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? Accident Date of injury 2/27, 1939
Where did injury occur? Carthage Jasper County Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
On Highway
Manner of injury Truck struck into him
Nature of injury Broken fractured Rib & pelvis
Injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) A. H. Winchester Coroner, M. D.
(Address) Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 6-39-561
Date Filed MAR 9 1939

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 P W Kinnell

Licensed Embalmer No. 814

P. O. Address Carthage 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.