FILED APR 25 1939

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

11988
Do not use this space.

1. PLACE OF DEATH
(a) County RALLS
(b) Township CENTER
(c) City
Registration District No. 725
Primary Registration District No. 5956
Registered No.
(d) Street No. 2 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 632 JOHN SCHWARTZ
(a) Residence, No. RALLS CO INFIRMARY St. ILASCO, MO
(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 UNKNOWN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UNKNOWN

7. AGE: Years APROX 60; Months; Days; 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. CEMENT MINE
10. Date deceased last worked at this occupation (month and year) 29 1938
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DOBRONIVA CZECHSLOVAKIA

FATHER
13. NAME UNKOWN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) REVORDS; RALLS CO INFM. CENTER, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE HANNIBAL DATE FEB 22 19 39

19. FUNERAL DIRECTOR (NAME) GILES R. HULSE
(ADDRESS) CENTER MO

20. FILED FEB 22 19 Giles R Hulse
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939, to Jan 1, 1939
I last saw him alive on Jan 1, 1939 Death is said to have occurred on the date stated above, at 8:00 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Unknown

Other contributory causes of importance: Unknown

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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? Unknown
If so, specify .....
(Signed) C. H. Brooks, M. D.
(Address) Center, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 10
District File Number 10-39-680
Date Filed APR 15 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, Glen R. Fuller, or by .... Registered Apprentice No............, working under my personal supervision.

Signed Glen R. Fuller

Licensed Embalmer No. 3356

P. O. Address Center 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.