

REC'D MAY 11 1939

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

14907
Do not use this space.

1. PLACE OF DEATH
 (a) County Greene Registration District No. 318
 (b) Township Springfield Primary Registration District No. 2001 Registered No. 343
 (c) City Springfield (d) Street No. St. Johns 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 Leonard Estes Schwabe
 (a) Residence, No. ash grove mo. St. ash grove 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-18-1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
✓ 68 5

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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) Boone County Mo
 (STATE OR COUNTRY) Missouri

FATHER
 13. NAME R. L. Schwabe
 14. BIRTHPLACE (CITY OR TOWN) Montgomery County Mo
 (STATE OR COUNTRY) Missouri

MOTHER
 15. MAIDEN NAME Lida Ann Shaw
 16. BIRTHPLACE (CITY OR TOWN) Fayette County Mo
 (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) A. M. Schwabe ash grove mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE ash grove mo. DATE April 24 1939

19. FUNERAL DIRECTOR (ADDRESS) Briggs Funeral Home ash grove mo.

20. FILED Apr 24 1939 Chas A. George Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Apr. 16 - 39 to Apr. 22 - 39
 I last saw him alive on Apr 22 39. Death is said to have occurred on the date stated above, at 3a m.
 The principal cause of death and related causes of importance were as follows:
Chr. Myocarditis Date of onset

Other contributory causes of importance: g.c.

Name of operation None Date of _____
 What test confirmed diagnosis Phys. Ex. 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? no
 If so, specify _____ (Signed) A. Stare, M. D.
296 (Address) Springfield, 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.

THIS IS A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)