

REC'D JUN 14 1939

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

17902
Do not use this space.

1. PLACE OF DEATH

(a) County ANDREW Registration District No. 16
(b) Township ROCHESTER Primary Registration District No. 5020 Registered No. 6
(c) City..... (d) Street No. ANDREW Co., FARM 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 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JOHN SCHNEEBERGER

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWER

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY-3-1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 6 0 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HARNES MAKER
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) UNKNOWN (STATE OR COUNTRY) SWITZERLAND

FATHER 13. NAME JOHN SCHNEEBERGER

14. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY) SWITZERLAND

MOTHER 15. MAIDEN NAME ANNA ADISOL

16. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY) SWITZERLAND

17. INFORMANT ROY MAUGHNER (ADDRESS) SAVANNAH MO

18. BURIAL, CREMATION, OR REMOVAL

PLACE AMAZONIA MO DATE 5-27- 1939

19. FUNERAL DIRECTOR Fred Terhune (ADDRESS) Savannah mo

20. FILED May 24 1939 Lora E. Frank Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 18 1939, to May 23 1939
I last saw him alive on April 20 1939 Death is said to have occurred on the date stated above, at 7:30 am.

The principal cause of death and related causes of importance were as follows:

Arterio sclerosis Date of onset 1937
Myocarditis 4-19-39

Other contributory causes of importance: 93W

Name of operation..... Date of.....
What test confirmed diagnosis? Pyemia 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..... 1939

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? Yes
If so, specify.....

(Signed) M. D.

(Address) Savannah mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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. 11,

District File Number 39-687

Date Filed JUN 12 1939

STATEMENT BY LICENSED EMBALMER

I, J. Fred Terhune, Licensed Embalmer No. 1279

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 J. Fred Terhune
Licensed Embalmer No. 1279

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.)