

NOV 7 1939

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

35364  
Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 10  
 (b) Township Monroe Primary Registration District No. 5013 Registered No. 6  
 (c) City or Highway #169, Near Avenue City St.  
 (d) Street No. Highway #169, Near Avenue City 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 Raymond Lloyd Schenk

(a) Residence, No. Karnes Road, Route #3, St. Joseph 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Pearl Elizabeth Schenk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
39 4 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Truck Driver  
 9. Industry or business in which work was done, as saw mill, bank, etc. Poultry House  
 10. Date deceased last worked at this occupation (month and year) October, 1939 11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Amazonia, Missouri.

FATHER 13. NAME Gottfried Schenk  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bern, Switzerland.

MOTHER 15. MAIDEN NAME Caroline Schopper,  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bern, Switzerland.

17. INFORMANT (ADDRESS) Mrs. Gottfried Schenk Amazonia, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. John's Reformed Cem., Amazonia, Missouri. DATE October 27, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walter Mieschaffer 1302 Faraon St., St. Joseph, Mo.

20. FILED 10-26 1939 J. H. Bledsoe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 2 a. m.

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

Internal Hemorrhage  
Automobile hit Bridge abutment  
 Date of onset 10/20/39  
 Other contributory causes of importance: 210 W 27

Name of operation Automobile hit Bridge abutment Date of 10/20/39

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accidental Date of injury 10/25, 1939

Where did injury occur? Highway 169, Andrew Co Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. State Highway 169

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_ (Signed) Clifford L. Steadley M. D.O.

(Address) Savannah, Missouri.

N. E.—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.

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

I X16603

RECEIVED

District Health Officer No. 116

District File Number 1139-1418

Date Filed NOV 2 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.....

Licensed Embalmer No. Mo. 3946

P.O. Address St. Joseph, Missouri.

**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.**