

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

K. 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.

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

36652
Do not use this space.

1. PLACE OF DEATH

(a) County Marion ² Registration District No. 547

(b) Township Gasconade ¹ Primary Registration District No. 3929 Registered No. 289

(c) City Hannibal (d) Street No. 1212 Lyon 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME John Schlabach

(a) Residence, No. 1212 Lyon St. (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 Anna Fabryharst Schlabach

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 22, 1865

7. AGE YEARS 74 MONTHS 1 DAYS 15 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Quentzsch (STATE OR COUNTRY) Germany

FATHER 13. NAME John Schlabach

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Mesloh

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Anna H. Schlabach
Hannibal, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet DATE October 10, 1939

19. FUNERAL DIRECTOR (NAME) Roy P. Schwartz (ADDRESS) Hannibal, Missouri

20. FILED Oct 13, 1939 H. C. Crisher Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1939 to Oct 7, 1939

I last saw him alive on Oct 7, 1939. Death is said to have occurred on the date stated above, at 8:40 p.m.

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

Angina Pectoris Date of onset

Other contributory causes of importance: Chronic Myocarditis

Name of operation _____ Date of _____

What test confirmed diagnosis? none Was there an autopsy? _____

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? _____

If so, specify _____ (Signed) J. Schlabach M. D.

(Address) Hannibal, Mo

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.....

Ray P. Schwartz....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Ray P. Schwartz
Licensed Embalmer No. *17638*

P. O. Address. *Hannibal, 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.