

Registration District No. 846Primary Registration District No. 836105Registrar's No. 14

## 1. PLACE OF DEATH:

- (a) County Stone 2  
 (b) City or town Rural - Grant Township  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether

In this community 3 yrs  
years, months or days)3. (a) PRINT FULL NAME Fred W. Schnell 540

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Estella Schnells 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan 29 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 9 17 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Jawa  
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name F. W. Schnell13. Birthplace Mo.  
(City, town, or county) (State or foreign country)14. Maiden name Florance Whittaker15. Birthplace Mo.  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Estella Schnell(b) Address Grant Rural17. (a) Burial (b) Date thereof 10-26-1939  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Grant, Mo.18. (a) Signature of funeral director George H. Moulton(b) Address Grant, Missouri 96.519. (a) 11-10-39 (b) A. G. Schreiber  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone(c) City or town Rural  
(If outside city or town limits, write "RURAL")(d) Street No. Grant township  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16  
year 1939 hour 4:00 P.M. minute \_\_\_\_\_ M.21. I hereby certify that I attended the deceased from Oct-16  
1939, to Oct-16, 1939.that I last saw him alive on October 16, 1939,  
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral Thrombosis Duration 5 WeeksDue to Cerebral Thrombosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of Injury \_\_\_\_\_

28. Signature A. P. [unclear] M.D. (M. D. or other)Address Grant, Mo Date signed 10-26-39

RECEIVED

District Health Officer No. 6,

District File Number 1139-2358

Date Filed NOV 14 1939

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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

George H. Marlow

Licensed Embalmer No. 3827

P. O. Address Crane Md.

**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.**