

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 15 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1606

Registration District No. 50

Primary Registration District No. 3004

Registrar's No. 5

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Butler
(c) Name of hospital or institution:
905 N Water street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Edith Jenkins Schooley
8. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Blair Schooley 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased April 6 1873
(Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Near Clinton Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business In Home

12. Name Andrew Jenkins

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Sattler
(City, town, or county) (State or foreign country)

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Blair Schooley

(b) Address Butler Mo

17. (a) burial (b) Date thereof Jan 16 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wak Hill

18. (a) Signature of funeral director builders

(b) Address Butler Mo 52?

19. (a) Jan 16 1940 (b) Miss R. C. Baker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Bates
(c) City or town Butler
(If outside city or town limits, write "RURAL")
(d) Street No. 905 N. Water street
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15
year 1940 hour 10 minute 40 A. M.

21. I hereby certify that I attended the deceased from _____, 1937, to Jan 15, 1940
that I last saw her alive on Jan 14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 1 week

Due to Diabetes Mellitus 14 years

Due to _____
Other conditions 54
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 _____

23. Signature Arthur D. Dreyfus (M. D. or other) _____

Address Butler Date signed 1-15-40

PHYSICIAN
Underline the cause to which death should be charged statistically

RECEIVED
District Health Officer No. 7,
District File Number 2-40-241
Date Filed 2-13-40

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.....

Myself....., Registered Apprentice No.....
working under my personal supervision.

Signed *R. Stanton Lisle*

Licensed Embalmer No. *4123*

P. O. Address *Better, 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.