FILED FEB 19 1940

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

2685
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper
(b) Township
(c) City Joplin
(d) Street No. St. Johns 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 yrs. mos. ds.
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 411
Primary Registration District No. 2002
Registered No.

2. PRINT FULL NAME 633 Wilmadiene Schertz
(a) Residence, No. Chetopa Kansas R#1 St. Chetopa, Kansas
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: f.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ~~[illegible]~~ 12-18-39
7. AGE: YEARS 0 MONTHS 0 DAYS 28 If LESS than 1 day, 11 hrs. or 45 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) (STATE OR COUNTRY) Chetopa Kans.

FATHER
13. NAME Joseph William Schertz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fort Worth, Texas

MOTHER
15. MAIDEN NAME Elizabeth Krueger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Mr. William Schertz Chetopa Kans.
18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Oak Hill Cem. Galena Kan. DATE 1-16 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mr. C. B. Fritz Chetopa Kans.
20. FILED 1-16 1940 Ed D Jones Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-15 1940

22. I HEREBY CERTIFY, That I attended deceased from on 1-14 1940, to 1-14 1940
I last saw her alive on 1-14 1940. Death is said to have occurred on the date stated above, at 10:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage (Probable birth injury)	Birth

Other contributory causes of importance: 16 [illegible]

Name of operation Date of
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? 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) [signature], M. D.
(Address) Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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. 6,

District File Number 240-535

Date Filed FEB 15 1940

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.....

P. O. Address.....

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.