

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No. 318Primary Registration District No. 2001

## 1. PLACE OF DEATH

(a) County Greene  
 (b) City or town Springfield  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution 235 S. Hollister  
 (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) 1 1/2

3. (a) PRINT FULL NAME William Schnell

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed6. (b) Name of husband or wife Nannie Schnell (Deceased) (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased August 1871 (Month) (Day) (Year)8. AGE: Years 68 Months 7 Days 16 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace Armstrong Mo. (City, town, or county) (State or foreign country)10. Usual occupation Farmer11. Industry or business On Farm12. Name William Schnell13. Birthplace Mo. (City, town, or county) (State or foreign country)14. Maiden name Jehanna (City, town, or county) (State or foreign country)15. Birthplace Mo. (City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs Otis Steep(b) Address Springfield, Mo.17. (a) Burial (b) Date thereof 3-24-40 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Eastlawn18. (a) Signature of funeral director Alma Johnson(b) Address Springfield, Mo.19. (a) 3/24/40 (b) Chas. A. George (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
 (c) City or town Springfield  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 235 S. Hollister  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22 year 1940 hour 4 minute 1 M.21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him alive on March 22, 1940; and that death occurred on the date and hour stated above.Immediate cause of death Acute Myocardial Insufficiency  
Due to Myocarditis chronicDue to \_\_\_\_\_  
Other conditions None (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 15  
23. Signature A. M. White (M. D. or other) M.D.  
Address Cover Greene County Date signed 3/23

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

**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.....

*Harlow Knabb*

Licensed Embalmer No.....

*4065*

P. O. Address.....

*Springfield, 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.**

*1*