

APR 23 1940

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

12078

Do not use this space.

1. PLACE OF DEATH

(a) County Talk Registration District No. 701
 (b) ~~Township~~ Marion Primary Registration District No. 4422 Registered No. 9
 (c) City Salina or Salina (d) Street No. _____ 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

U. S. O Charles Elias Schooley
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Virginia Rose Schooley
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1, 1872
 7. AGE YEARS 67 MONTHS 5 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
 9. Industry or business in which work was done, as saw mill, bank, etc. Grocery Business
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Austin (STATE OR COUNTRY) Missouri

FATHER 13. NAME Joseph P. Schooley

14. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Mary Etta White

16. BIRTHPLACE (CITY OR TOWN) Penn (STATE OR COUNTRY) _____

17. INFORMANT J. Paul Schooley (ADDRESS) Salina Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE Mar. 13 1940

19. FUNERAL DIRECTOR (NAME) White-Erwin (ADDRESS) Salina Mo.

20. FILED 3/13/ 1940 J. H. Notch Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 12, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 1934 to Mar 12 1940
 I last saw him alive on Mar 11 1940. Death is said to have occurred on the date stated above, at 3:40 p. m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma tongue with metastases to cervical glands
 Date of onset 1934

Other contributory causes of importance: 45

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? no
 If so, specify _____
 (Signed) St. Miller, M. D.
 (Address) Salina

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. 7,

District File Number 4-40-287

Date Filed 4-13-40

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.....
....., 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.