o. 2
-10-39
7-39
X21492

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

AUG 10 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24590

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 707

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 440 North 17th (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 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits write "RURAL")

(d) Street No. 440 North 17th (If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Eliza Schottel 340

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Henry

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased June (Month) 20 (Day) 1858 (Year)

8. AGE: Years 82 Months 0 Days 11 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Christian Krull
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Louisa Owens
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs Sophia Hayter.

(b) Address 440 North 17th, St. Joseph, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 3, 1940 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Cosby Evangelical Cemetery Cosby, Missouri

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) July 3 1940 (Date received local registrar) (b) A J Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1940 hour 10 minute p. M.

21. I hereby certify that I attended the deceased from July 1, 1940, to July 1, 1940, that I last saw her alive on July 1, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio	
Vascular	
~~Due to~~ Renal syndrome	1 yr
Acute myocardial	
~~Due to~~ failure	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)

While at work? X (e) Means of injury

23. Signature Owen W. D. Craig (M. D. or other)

Address Kirkpatrick Bldg. Date signed July 2 40

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Missouri

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 W. H. Kelly

Licensed Embalmer No. Mo. 3946

P. O. Address St. Joseph, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.