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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24977**

AUG 10 1940
Registration District No. **213**

Primary Registration District No. **3014**

Registrar's No. **178**

1. PLACE OF DEATH:
(a) County **Cole**
(b) City or town **Highway 50, 7 mi. East**
(c) Name of hospital or institution: **Jefferson City, Mo.**
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **M**
(c) City or town **Phineland**
(d) Street No. _____
(e) If foreign born, how long in U. S. A. ? _____ years

8. (a) PRINT FULL NAME **RAYMOND SCHLUSS**
8. (b) If veteran, name war **NO**
8. (c) Social Security No. **NO**

4. Sex **M** **5. Color or race** **W**
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased **Feb. 22, 1921**

8. AGE: Years **19** Months **4** Days **27**
If less than one day _____ hr. _____ min.

9. Birthplace **Phineland Mo.**

10. Usual occupation **Farmer**

11. Industry or business **0**
12. Name **Henry Schlus**
13. Birthplace **Phineland Mo.**
14. Maiden name **Anna Brueberhoff**
15. Birthplace **Phineland Mo.**

16. (a) Informant **Henry Schlus**
(b) Address **Phineland, Mo.**

17. (a) Removal _____ **(b) Date thereof** **July 19, 1940**
(c) Place; burial or cremation **Starkenburg, Mo.**

18. (a) Signature of funeral director **John J. Starnick**
(b) Address **Jefferson City, Mo.**

19. (a) Date received local registrar **7/19/40** **(b) Registrar's signature** **Orbeford**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **19**
year **1940** hour **7** minute **15** A.M.

21. I hereby certify that I attended the deceased from **Coroner Case**
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: **Accidental death from Automobile Wreck**
Due to: **Puncture of Ext. Iliac Artery Left side**
Other conditions: **none**
(Include pregnancy within 3 months of death)

Major findings: **none**
Of operations: **none**
Of autopsy: **none**

22. If death was due to external causes, fill in the following:
(a) **Accident, suicide, or homicide (specify)** **accident**
(b) **Date of occurrence** **July 19, 1940**
(c) **Where did injury occur?** **6 mi. East of Jefferson**
(d) **Did injury occur in or about home, on farm, in industrial place or public place?** **Public Place, Highway #50**
While at work? _____ **(e) Means of injury** **Car wheel**
23. Signature **Frank Nichols** **(M. D. or other)** **5**
Address **Phineland Mo.** **Date signed** **7-19-40**

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

210 m
98

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 John F. Heinrich
Licensed Embalmer No. 3655
P. O. Address Jefferson City, 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.**

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

1. PLACE OF DEATH

(a) County **Cole**
(b) City or town **Jefferson City**
(c) Name of hospital or institution
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME

Raymond Debus

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

4. Sex **m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **s**

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years **19** Months **4** Days **27** If less than one day _____ hr. _____ min.

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

MOTHER FATHER

10. Usual occupation

11. Industry or business

12. Name

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

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

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **July** day **19** year **1990** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **accidental death from auto - mobile wreck**

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: **rupture of Est. Side Artery Left side**

Of operations: **fire blew out and car overturned**

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) **non collision**

(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) **car wreck**

(b) Means of injury **car**

23. Signature **Frank Nichols** (or other)

Address **Shelburne** Date signed _____

SUPPLEMENTAL

