

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31601

FILED OCT 12 1940

Registration District No. 125 Primary Registration District No. 9009 Registrar's No. 295

1. PLACE OF DEATH:
 (a) County Ozark
 (b) City or town Quindlen
 (c) Name of hospital or institution: St. Francis Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution hospital 2 days
 (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 MARY M. SCHNURBUSCH
 3. (b) If veteran, name war _____
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 9 day 1 year 1940 hour 12 minutes 45 P. M.
 21. I hereby certify that I attended the deceased from 8/30, 1940, to 9/1, 1940;
 that I last saw her alive on 9/1, 1940;
 and that death occurred on the date and hour stated above.

4. Sex Female
 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife John J. Schnurbusch
 6. (c) Age of husband or wife if alive 84 years
 7. Birth date of deceased Sept. 3 1855
 (Month) (Day) (Year)

Immediate cause of death ARTERIOSCLEROSIS
 Due to _____
 Due to _____
 Other conditions gangrene of leg
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy 47
 Underline the cause to which death should be charged statistically

8. AGE: Years 84 Months 11 Days 28
 If less than one day hr. _____ min. _____

9. Birthplace Perry County Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housework

11. Industry or business _____
 12. Name Joseph Welker
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary M. Schnurbusch
 (b) Address Brownville, Texas
 17. (a) Schnurbusch, Mrs. (b) Date thereof Sept 3, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Joseph Cem. Schnurbusch Tex
 18. (a) Signature of funeral director Ray Funeral Home
 (b) Address Perryville, Mo.
 19. (a) 9-1-40 (b) J. M. Thompson
 (Date received local registrar) (Registrar's signature)

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)
 (a) Means of injury _____
 23. Signature W. D. Smith (M. D. or other) W. D.
 Address Quindlen, Mo. Date signed 9/1/40

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

Le Roy J. Schardler Registered Apprentice No. *231*
working under my personal supervision.

Signed *Albert Bey*
Licensed Embalmer No. *3866*
P. O. Address *Perryville, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31601
Registrar's No. 295

Registration District No. 125 Primary Registration District No. 3009

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

1. PLACE OF DEATH:
(a) County. Cape Girardeau
(b) City or town. Cape Girardeau
(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 _____ (Specify whether
In this community _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State. Mo (b) County _____
(c) City or town. Peruville
(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 Mary M Schnurbusch
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced m
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)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9 day 1
year _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

8. AGE: Years 84 Months 11 Days 28 If less than one day _____ min.
9. Birthplace _____ (City, town, or county) _____ (State or foreign country)
10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) _____
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address _____
19. (a) 12-31-41 (b) J. M. Thompson
(Date received local registrar) (Registrar's signature)

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 _____
23. Signature A. R. Luerth (M. D. or other) _____
Address Cape Girardeau signed _____

SUPPLEMENTARY

