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Registration District No. **215** Primary Registration District No. **5295** Registrar's No. **12**

REC'D OCT 23 1940

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

1. PLACE OF DEATH:
 (a) County Cole
 (b) City or town Taos
 (If outside city or town limits, write "RURAL" and name of township)
 (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 2
 In this community 76 years.
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cole
 (c) City or town Taos
 (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 Frank Schneiders

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Amelia Schneiders 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Nov. 17, 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>10</u>	<u>6</u>	hr. _____ min. _____

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

10. Usual occupation Farmer.

11. Industry or business Farming.

12. Name John Bernard Schneiders

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

14. Maiden name Anna Mueller

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

16. (a) Informant Mrs. Amelia Schneiders

(b) Address Taos, Missouri

17. (a) Burial (b) Date thereof. Sep. 26, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Taos, Missouri

18. (a) Signature of funeral director Jacob Mueller
(b) Address Jefferson City

19. (a) Oct 11 1940 (b) Jacob Mueller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23
year 1940 hour 11 minute 40 a.m.

21. I hereby certify that I attended the deceased from Mar 6 1940 to Sept 23 1940
that I last saw him alive on Sept 7 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchi Pneumonia Duration 1 wk
Due to Senility + Myocarditis 1 yr.

Due to _____
Other conditions (Include pregnancy within 3 months of death) ggc

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?
at

While at work _____ (Specify type of place)
 (a) means of injury _____
 23. Signature Gas A. Hill MD (M. D. or other) _____
 Address Jefferson City Date signed Sept 24

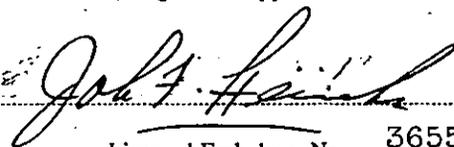
STATEMENT BY LICENSED EMBALMER

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. 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, fact should be so stated above.