

STANDARD CERTIFICATE OF DEATH

State File No. **35211**

Registration District No. **1071**

Primary Registration District No. **5398**

Registrar's No. **57**

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

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava Rural Waller
(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 20
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
(c) City or town Ava Rural
(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 Henry Schuler

(b) If veteran, name war _____ (c) Social Security No. none

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

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

7. Birth date of deceased Oct. 31 1930
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
9 10 0 _____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name Chas Schuler

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

14. Maiden name Lary Hall

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

16. (a) Informant Chas Schuler
(b) Address Ava, Missouri Route

17. (a) Burial (b) Date thereof 9-1-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Girdner

18. (a) Signature of funeral director. Friends

(b) Address _____

19. (a) 9-25-1940 (b) Reba King White
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31
year 1940 hour 3 minute 30 P.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
By falling of tree
hit him on tree head.
no one present
2nd his father had cutting
down trees in a clearing
Other conditions:
(include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations 1940
Of autopsy _____

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 home (Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Reba King White (M. D. or other) _____
Address Ava, Mo Date signed 9-25-40

RECEIVED :

District Health Officer No. 6,

District File Number 1140-2890

Date Filed NOV 3 1940

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.