No. 2
11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 25 1940

Registration District No. 875

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36632

Primary Registration District No. 6162

Registrar's No. 265

1. PLACE OF DEATH:
(a) County: Vernon
(b) City or town: Rural Washington Tp. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp #3 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 yr 4 mo 27 da (Specify whether years, months or days)
In this community: unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Jackson
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")
(d) Street No.: 500 W 9th St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Charles C. Schooley
3. (b) If veteran, name war: No
3. (c) Social Security No.: none
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: 12 (Month) 25 (Day) 1882 (Year)

8. AGE: Years	Months	Days	If less than one day
58	10	1	hr. ____ min.

9. Birthplace: Oakwood (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: none (Mental Defect)
11. Industry or business:
FATHER 12. Name: Joseph Schooley
13. Birthplace: Circleville (City, town, or county) Ohio (State or foreign country)
MOTHER 14. Maiden name: Josephine P Beals
15. Birthplace: Rheytown (City, town, or county) Penn. (State or foreign country)
16. (a) Informant: Hal Beard
(b) Address: Nevada Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-26-40 (Month) (Day) (Year)
(c) Place: burial or cremation: State Hosp Cemetery
18. (a) Signature of funeral director: Allen W. Hays
(b) Address: Nevada, Mo.
19. (a) 10-26-40 (Date received local registrar) (b) Allen W. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 26 year 1940 hour 9 30 minute a M.
21. I hereby certify that I attended the deceased from 1-25 1939 to 10-26 1940, that I last saw h. alive on 10-26 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar pneumonia (left) — Duration: 3 days
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): Chronic Myocarditis ?

Major findings: Of operations: Massive Collapse of left lung & Lung Abscess
Of autopsy: Thrombosis of Rt Iliac Vein, Left Vena Cava, left Renal Vein, Hemorr. Infarcts of kidneys

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? (e) Means of injury
23. Signature: J C Young (M. D. or other) M.D.
Address: State Hosp #3 Date signed 10-26-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 11-40-1582
Date Filed 11-4-40

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 Not Embalmed, Registered Apprentice No. _____ working under my personal supervision.

Signed Allen V. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.