

FILED FEB 24 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2674

Registration District No. 324

Primary Registration District No. 5456

Registrar's No. 1

11-10-39
7-5-17-39
X21492

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

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Rural Franklin
(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 _____ (Specify whether)

In this community 4 1/2 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Franklin township D
(If rural, give location) (Spickard, Mo)

(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME Bettie Franklin Schooler

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

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

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

7. Birth date of deceased June 18 1891
(Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Clayton Hunt

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

14. Maiden name Gyntha Linens

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

16. (a) Informant Alford Schooler

(b) Address Spickard Mo

17. (a) Burial (b) Date thereof Jan 10 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem. Grundy Co

18. (a) Signature of funeral director Chas Schooler

(b) Address Spickard Mo

19. (a) Jan 10 1941 (b) Mrs Wilbur Vaughn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7 year 1941 hour 6:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan. 7 1941 to Jan 7 1941; that I last saw her alive on Jan 7 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 4 or 5 days

Due to _____

Due to _____

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

PHYSICIAN _____

Major findings: Of operations _____

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? _____

23. Signature G. H. Haulley (Specify type of place) _____ (M. D. or other) _____
Address Trinton Mo (e) Means of injury _____ Date signed 1-8-41

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 Carl Wise

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 3771

P. O. Address Spickard, 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. 2674

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 326

Primary Registration District No. 5456

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Barren
(b) City or town Franklin
(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 _____ (Specify whether
In this community _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Bettie Franklin Schooler

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 June 18 - 1891
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 19 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)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Mar 29 1941 (b) Mrs. Wilbur Vaughn
(Date received local registrar) (Registrar's signature)

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.

MEDICAL CERTIFICATION
20. DATE OF DEATH Month Jan day 7
year _____ 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 _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 C. H. Cullers (M. D. or other) _____

Address Franklin Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

