

Registration District No. 7.3

Primary Registration District No. 3006

1. PLACE OF DEATH

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boone County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month
(Specify whether
In this community all life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town Pilot Grove (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 6
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME JOSEPH Schlotzkauer

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Emma Schlotzkauer 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Aug 22 1880
(Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days 27 If less than one day ✓ hr. ✓ min.

9. Birthplace Cooper-County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business
12. Name Henry Schlotzkauer
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Catherine
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant John Stricker
(b) Address Pilot Grove, Mo.

17. (a) Burial (b) Date thereof 2-21-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chapel Cemetery

18. (a) Signature of funeral director John - Painter
(b) Address Pilot Grove, Mo.

19. (a) 2/19/41 (b) Ellie Selby
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19
year 1941 hour 10 a.m. minute ✓ M.
21. I hereby certify that I attended the deceased from Oct 14
1940, to Feb 19, 1941;
that I last saw him alive on Feb 19, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Due to Bilateral Pyonephrosis
Due to Obstructed Ureters
Other conditions 1720
(Include pregnancy within 3 months of death)

Major findings: Pyonephrosis
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? 7-14
(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 H. Mc Clellan Young (M. D. or other) ✓
Address 805 Broadway Date signed Feb 19 1941

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

Myself, Registered Apprentice No. _____
working under my personal supervision.

Signed

Raymond E. Hayes
Licensed Embalmer No. 3074

P. O. Address Felton Grove, N

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.