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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15267

Registration District No. 601 Primary Registration District No. 2796. Registrar's No. Two.

1. PLACE OF DEATH:

(a) County Morgan

(b) City or town Rural Rickland Twp. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 21

(c) City or town Rural (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Fritz H Schick

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Sarah White

6. (c) Age of husband or wife if alive years

7. Birth date of deceased August (Month) 1 (Day) 1852 (Year)

8. AGE: Years 88 Months 8 Days 20 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Paul Schick
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Anna Klein
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Wm N Griffing

(b) Address Lamonte Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Florence Cem.

18. (a) Signature of funeral director Rapp & Stevenson

(b) Address Stover Mo

19. (a) April 23 1941 (Date received local registrar) (b) Mrs. Arthur Schroder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21st year 1941 hour 7 minute A M.

21. I hereby certify that I attended the deceased from Apr 2 1941 to Apr 21 1941 that I last saw him alive on Apr 20 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 E E Hutton MD (M. D. or other)

Address Smithton Mo Date signed 4/22

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 5-41-753
Date Filed 5-5-41

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

Signed Jewell Stevinson

Licensed Embalmer No. 4073

P. O. Address Stover Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.