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FILED MAY 20 1941

Registration District No. **838**

Primary Registration District No. **6098B**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
 (a) County **Stoddard**  
 (b) City or town **Rural, Liberty Twp.**  
(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 \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **August Henry Schantz**  
 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 **Married**  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive **80** years **9** months **1860** (Day) (Year)

7. Birth date of deceased **October** (Month) **9** (Day) **1860** (Year)  
 8. AGE: Years **80** Months **5** Days **18** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **St. Louis Co. Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business \_\_\_\_\_

12. Name **No. Record**

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name **No Record**

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

16. (a) Informant **George Schantz** (b) Address **Dexter, Mo.**

17. (a) **Burial** (b) Date thereof **3/28/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dowdy Cemetery**

18. (a) Signature of funeral director **Blankenship-Strickland**  
 (b) Address **Dexter, Mo.**

19. (a) **4/29 1941** (Date received local registrar) **Jennis Burton** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **103**  
 (a) State **Missouri** (b) County **Stoddard**  
 (c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **Dexter RFD. #2**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **27** year **1941** hour **9** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **Nov. 2nd 1940** to **March 27th 1941** that I last saw him alive on **March 24th 1941** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Corneo Carditis 12 yrs** Duration

Due to **Hypertension + Chronic Pulmonary Nephritis**

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) **No**

(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? **No**

(Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **S. S. Shaver** (M. D. or other) **11**  
 Address **Dexter Mo** Date signed **3/28/41**

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

MOTHER FATHER

**RECEIVED**

District Health Officer No. 2,

District File Number 541-66

Date Filed 5/19/41

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**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, fact should be so stated above.**