FILED JUN 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18311

Registration District No. 496 Primary Registration District No. 3025 Registrar's No. 45

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

1. PLACE OF DEATH:
(a) County: Linn
(b) City or town: Brookfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McFarney Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 mo (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Linn 58
(c) City or town: ~~Brookfield~~ → Bucklin (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: OVAL OLDEN SCHRECKHISE
3. (b) If veteran, name war:
3. (c) Social Security No.: Unknown
4. Sex: M
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Susie M. Schreckhise
6. (c) Age of husband or wife if alive: 33 years
7. Birth date of deceased: April (Month) 4 (Day) 1905 (Year)

8. AGE: Years 36 Months 1 Days 11 If less than one day hr. min.

9. Birthplace: St Catharine (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business:
MOTHER FATHER
12. Name: John P. Schreckhise
13. Birthplace: Bucklin (City, town, or county) Mo (State or foreign country)
14. Maiden name: Julia Williamson
15. Birthplace: Bucklin (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Susie M. Schreckhise
(b) Address: Bucklin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 17, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Bunker Chapel
18. (a) Signature of funeral director: Larson Funeral Service
(b) Address: Bucklin, Mo.
19. (a) 5/15/41 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1941 hour 4 minute 55 P.M.
21. I hereby certify that I attended the deceased from 5-14-41, 19..., to 5/15-, 1941; that I last saw him alive on 5/15-, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture of Skull — Duration: 1 Hr.
Due to: (Auto wreck)
Due to:
Other conditions: (Include pregnancy within 3 months of death)
Major findings:
Of operations: 0
Of autopsy: 0

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): Accident
(b) Date of occurrence: 5-14-41 6 PM
(c) Where did injury occur? 2 mi. N. New Boston Ill. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 4 mi. N. Big Knob (Specify type of place)
While at work? No (e) Means of injury: Car wreck.
23. Signature: [signature] (M. D. or other)
Address: Brookfield, Mo Date signed 5/15/41

(Licensed Embalmer's Statement on Reverse Side)

170 Feb 98

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 C. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, 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.

No. 2B
4-25-41
I X27852

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1. PLACE OF DEATH:

(a) County Linn

(b) City or town Brookfield (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)

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) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Oval Olden Schreckhise

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

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 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
36	1	11	hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Skull

Due to Auto Wreck

Due to Automobile wreck.

Other conditions Drunk & ran off road.
(Include pregnancy within 3 months of death)
Collision 2 cars

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) Accident

(b) Date of occurrence 7-15-41

(c) Where did injury occur? #11 near New Boston (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway (Specify type of place)

While at work? No (e) Means of injury Auto wreck

23. Signature [illegible] (M. D. or other)

Address Brookfield, Mo. Date signed

SUPPLEMENTARY