No. 2
-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18427

Registration District No. 6 Primary Registration District No. 5759B Registrar's No.

1. PLACE OF DEATH

(a) County Miller Jerome T. Stone
(b) City or town Meta Mo
(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 Mo (b) County Miller 66
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Benadick Hubert Schenlen

3. (b) If veteran, name war none
3. (c) Social Security No. None

4. Sex Male
5. Color or race white
6. (a) Single, ~~widowed~~, ~~married~~, ~~divorced~~ single
6. (b) Name of husband or wife Anna Schenlen
6. (c) Age of ~~husband~~ or wife if alive 48 years
7. Birth date of deceased Oct (Month) 2 (Day) 1882 (Year)

8. AGE: Years 58 Months 7 Days 12 If less than one day hr. min.

9. Birthplace St. Thomas (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Hubert Schenlen
13. Birthplace Osage (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Anna Loethen
15. Birthplace Colo (City, town, or county) Mo (State or foreign country)
16. (a) Informant John Schenlen
(b) Address Meta Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16 1941 (Month) (Day) (Year)
(c) Place: burial or cremation St. Cecilia Cemetery
18. (a) Signature of funeral director H H Strop
(b) Address Meta Mo
19. (a) 5-15 1941 (Date received local registrar) (b) John G. Schwieterman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1941 hour 1:02 minute P. M.

21. I hereby certify that I attended the deceased from March 15, 1941, to May 5, 1941; that I last saw him alive on May 5, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary tuberculosis	3 yrs
Due to	
Due to 12	
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) ✓
(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? 400
(Specify type of place)
While at work? ✓ (e) Means of injury ✓ 2

23. Signature Conley Gates (M. D. or other) D.O.
Address Brinktown, Mo Date signed 5-14-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't.
County File Number 41-78
Date Filed 6/14/41

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 H H Strop

Licensed Embalmer No. 2924

P. O. Address Meta 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.