FILED JUL 11 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22093

Registration District No. 496 Primary Registration District No. 5660 Registrar's No. 53

1. PLACE OF DEATH:
(a) County Linn
(b) ~~City or town~~ Rural - Brookfield 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 37 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Brookfield Township
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 57 years.

3. (a) PRINT FULL NAME GEORGE SCHREINER
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex O M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Schreiner
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased January (Month) 14 (Day) 1856 (Year)

8. AGE: Years	Months	Days	If less than one day
85	5	7	hr. min.

9. Birthplace Pilson - Austria Hungary (City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name (unknown) Schreiner
13. Birthplace Austria Hungary (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Austria Hungary (City, town, or county) (State or foreign country)
16. (a) Informant's own signature John F. Schreiner
(b) Address Brookfield - R.F.D. 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June (Month) 24 (Day) 1941 (Year)
(c) Place: burial or cremation St Michael Cemetery - Brookfield
18. (a) Signature of funeral director Hill Chapel
(b) Address Brookfield UUS
19. (a) 6/24/41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1941 hour 6 minute a M.
21. I hereby certify that I attended the deceased from May 16, 1941, to June 21, 1941;
that I last saw him alive on 6-18, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocarditis	1 da
Due to: Hypotension	
Due to: Chr Myocarditis, Chr Stenotic hypertension	3 yrs
Other conditions 0 (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) 0
(b) Date of occurrence 0
(c) Where did injury occur? 0 (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? 0 (e) Means of injury 0
23. Signature [illegible] (M. D. or other)
Address Brookfield Mo Date signed 6/24/41

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 J. Th. Blacklock, Registered Apprentice No. ..... working under my personal supervision.

Signed J. Th. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield Mo.

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.