

Registration District No. 796

Primary Registration District No. 6039

Registrar's No. 99

1. PLACE OF DEATH:

- (a) County Saline
(b) City or town Marshall "Rural"
(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 2 yr years, months or days

3. (a) PRINT FULL NAME JOHN PETE SCHLER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MC 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Rose Sanders Schler 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Dec - 23 - 1887
(Month) (Day) (Year)

8. AGE: Years 53 Months 5 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business

- MOTHER FATHER { 12. Name Charles Schler
13. Birthplace Cooper County Mo
(City, town, or county) (State or foreign country)
14. Maiden name Emma Kras
15. Birthplace Saline County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Rose Sanders Schler

(b) Address Marshall MO R2

17. (a) Burial (b) Date thereof June 14 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arrow Rock Mo Cemetery

18. (a) Signature of funeral director Harry Hershberger
(b) Address Marshall Mo
19. (a) 6-16-41 (b) Mary Kent
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Saline
(c) City or town Marshall "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1941 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 12, 1941, to June 10, 1941;
that I last saw him alive on June 10, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Phthisis Pulmonalis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy No

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 L

(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? ✓

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature P. L. Lawless (M. D. or other) MD

Address Marshall Mo Date signed 6-12-41

JUL 7 1941

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 Fred Williamson

Licensed Embalmer No. 2478

P. O. Address Clinton 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.