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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED AUG 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25672

Registration District No. 592 Primary Registration District No. 5790 5740 Registrar's No. 15

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Montgomery City Mo Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery 70

(c) City or town Montgomery City Mo Rural
(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 0

3. (a) PRINT FULL NAME CHAS M SCHUHARDT

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of ~~husband~~ or wife Christiana Schuhardt

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased June (Month) 26 (Day) 1868 (Year)

8. AGE: Years 72 Months 11 Days 23 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Fred Schuhardt
13. Birthplace Germany (City, town, or county) Foreign Country (State or foreign country)

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

16. (a) Informant Mrs Chas Schuhardt
(b) Address Montgomery City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21 1941 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Warrenton Cemetery

18. (a) Signature of funeral director J A Marlow
(b) Address Montgomery City Mo

19. (a) 6-26-41 (Date received local registrar) (b) Bruce Mesnyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1941 hour 11 minute a M.

21. I hereby certify that I attended the deceased from March 19, 1941, to June 19, 1941
that I last saw him alive on June 18, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Liver abscesses	3 wks
Due to Rectal abscesses	6 wks
Due to Hemorrhoids	
Other conditions Chronic myocarditis (Include pregnancy within 3 months of death)	10 yrs.

Major findings:
Of operations .....
Of autopsy .....

125 B

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

23. Signature A. H. Van Arsdale (MD, or other) 2 Dr.
Address Box 86 Montgomery City Date signed 6/21/41

522 (Licensed Embalmer's Statement on Reverse Side)

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 Joseph A. Marlow

Licensed Embalmer No. 3658

P. O. Address Montgomery City

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.