

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

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)
In this community 7 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler
(c) City or town Downing
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Henry Shulze

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 5. Color or race white 6. (a) Single / widowed, married. married
6. (b) Name of husband or wife Nellie Grant Shulze 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased July 15 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months - Days 15 If less than one day hr. min.

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

10. Usual occupation FARMER

11. Industry or business FARMING

12. Name J.W. Shulze

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

14. Maiden name BARBARA HAUSER

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

16. (a) Informant Fred B. Shulze

(b) Address 3907 S. 6th St. Arlington VA.

17. (a) BURIAL (b) Date thereof 7 31 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Downing Mo.

18. (a) Signature of funeral director Spencer L. Ineaman

(b) Address Downing Mo.

19. (a) 7-31-41 (b) Spencer L. Ineaman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1941 hour 5 minute 5 P.M.

21. I hereby certify that I attended the deceased from July 23 1941 to July 29 1941
that I last saw h. alive on July 29 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure due to paralysis of medullary center

Due to Thrombosis (cerebral)

Due to

Other conditions 83 B
(Include pregnancy within 3 months of death)

Major findings: none
Of operations

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

Date of occurrence

(c) Where did injury occur?

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

While at work?

23. Signature M.T. Lutenshaw (M. D. or other) 2 D.D.
Address Kirksville Mo. Date signed July 29 1941

RECEIVED

District Health Officer No. 10

District File Number 8-41-1576

Date Filed AUG 21 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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed

Lloyd Moore

Licensed Embalmer No. 31571

P. O. Address Dorwin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.