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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27671

Registration District No. #2 Primary Registration District No. 305 Registrar's No.

1. PLACE OF DEATH:

(a) County ANDREW

(b) City or town ST-JOSEPH-RURAL-JEFFERSON (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R7D #2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 25 YRS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ANDREW

(c) City or town ST-JOSEPH- (RURAL) (If outside city or town limits, write "RURAL")

(d) Street No. R.7. D # 2 (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ROBERT-LEE-SCHOEN

3. (b) If veteran, name war NO

3. (c) Social Security No. NO.

4. Sex Male

5. Color or race Wht

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept (Month) 27 (Day) 1915 (Year)

8. AGE: Years 25 Months 10 Days 17 If less than one day hr. min.

9. Birthplace Andrew Co (City, town, or county) O Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Charles Schoen
13. Birthplace Buchanan Co (City, town, or county) Mo O (State or foreign country)

MOTHER
14. Maiden name Elva Foster
15. Birthplace DeKalb Co (City, town, or county) Mo. O (State or foreign country)

16. (a) Informant Donald McSchoen

(b) Address Rural Route 2

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug (Month) 16 (Day) 1941 (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Roy Stamey

(b) Address St Joseph MO

19. (a) Aug 16-41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14 year 1941 hour 6 minute 30 a M.

21. I hereby certify that I attended the deceased from Kenneth the Body, 19, to, 19;

that I last saw h alive on, 19;

and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Shot Gun wound in Chest. Gun found between legs.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 1104 C	
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) Suicide

(b) Date of occurrence 8/14/41

(c) Where did injury occur? Andrew (City or town) Mo (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm in orchard (Specify type of place)

While at work? (e) Means of injury Tag Shot Gun

23. Signature Clifford L. Stridley (M. D. or other) DO

Address Savannah Mo Date signed 8/14/41

154 (Licensed Embalmer's Statement on Reverse Side) Coroner Andrew County

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.....
August 14, 1941, Registered Apprentice No.....
working under my personal supervision.

Signed John H Hurley

Licensed Embalmer No. 4050

P. O. Address St Joseph, Mo.

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

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