

FILED SEP 13 1944

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28845
Do not use this space.

1. PLACE OF DEATH
 (a) County Marion Registration District No. 547
 (b) Township Hannibal Primary Registration District No. 3029 Registered No. 239
 (c) City Hannibal (d) Street No. O Levering Hospital St. 0
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Orville George Schluckebier
 (a) Residence, No. West Ely, Mo. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2, 1927
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
14 7 24

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. In School
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) West Ely, Mo. (STATE OR COUNTRY)

FATHER
 13. NAME Fred Schluckebier

14. BIRTHPLACE (CITY OR TOWN) West Ely, Mo. (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Anna Frankenbach

16. BIRTHPLACE (CITY OR TOWN) West Ely, Mo. (STATE OR COUNTRY)

17. INFORMANT Fred Schluckebier (ADDRESS) West Ely, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE West Ely cemetery DATE 8/28/41

19. FUNERAL DIRECTOR (NAME) Leona Neal (ADDRESS) Palmyra, Mo.

20. FILED 8-28-41 M C Fisher Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 26, 1941
 22. I HEREBY CERTIFY, That I attended deceased from Aug 24 41 to Aug 26 41
 I last saw him alive on Aug 26 1941 Death is said to have occurred on the date stated above, at 3:45 a.m.
 The principal cause of death and related causes of importance were as follows:

All Symptoms Sepsis
Septicemia
 Other contributory causes of importance: Anemia & toxemia

Name of operation Cholera Date of 28
 What test confirmed diagnosis Cholera Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no
 Where did injury occur no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify no
 (Signed) J. H. Reulman M. D.
 (Address) 1001 1/2th Street

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.

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 Reas Lewis

Licensed Embalmer No. 72382

P. O. Address Palmyra 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.