

FILED SEP 11 1941

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

28995

Do not use this space.

## 1. PLACE OF DEATH

(a) County Oregon Registration District No. 640  
(b) Township Clatsop Primary Registration District No. 5871  
(c) City or Freedom R.D. (d) Street No. \_\_\_\_\_ St.  
(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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Frank W. Schollmeyer

(a) Residence, No. Freedom R.D. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-14-1863  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 78 3 1  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany13. NAME Wm. Schollmeyer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Aug. H. Schollmeyer  
Freedom R.D.18. BURIAL, CREMATION, OR REMOVAL PLACE Repos Cemetery DATE Aug - 19 194119. FUNERAL DIRECTOR (NAME) (ADDRESS) Morton Funeral Home  
Lincoln Mo.20. FILED Aug 16 1941 Miss Doris J. ...  
Reg. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15 194122. I HEREBY CERTIFY, That I attended deceased from Jan 1941 to Aug 15 1941I last saw him alive on Aug 12 1941. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Date of onset

Other contributory causes of importance: 95%

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Cholesterol Was there an autopsy? \_\_\_\_\_23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 1941

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) W. G. McNelly, M. D.  
(Address) Paris Mo.

**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..... *Vernon Meilon* .....

Licensed Embalmer No..... *4125* .....

P. O. Address..... *Linn 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.**