

FILLED NOV 14 1941

Registration District No. \_\_\_\_\_

Primary Registration District No. 205

Registrar's No. 52

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

1. PLACE OF DEATH:

(a) County. ANDREW

(b) City or town. SAVANNAH Miss.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: West Chestnut 1  
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME: EDWARD JOSEPH SCHWITZIUS

3. (b) If veteran, name war. T 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife. MRS. LETA SCHWITZIUS. 6. (c) Age of husband or wife if alive. 48 years

7. Birth date of deceased. JAN 90 1867  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>8</u>	<u>13</u>	hr. _____ min.

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

10. Usual occupation. Highway Engineer

11. Industry or business. \_\_\_\_\_

12. Name Julius Schwitzius

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

14. Maiden name. Clara Smith

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

16. (a) Informant Erina C. Terhune

(b) Address. Savannah Mo

17. (a) Savannah (b) Date thereof. Oct. 16-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Savannah

18. (a) Signature of funeral director. Erina C. Terhune

(b) Address. Savannah Mo

19. (a) Oct. 15-1941 (b) Mrs. Jennie Rush  
(Date received local registrar) (Signature of Registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Andrew 2

(c) City or town. Savannah 1  
(If outside city or town limits, write "RURAL") 0

(d) Street No. West Chestnut 0  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13 day Oct.  
year 1941 hour 7 minute PM M.

21. I hereby certify that I attended the deceased from Jan 13  
1941, to Oct 13 1941  
that I last saw h. in alive on 10-13 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral Hemorrhage 38 day

Due to. General Arterio-sclerosis.

Other conditions. Chronic Myocarditis and Chronic Nephritis.

Major findings: \_\_\_\_\_  
Of operations. \_\_\_\_\_  
Of autopsy. 131a

Duration  
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? \_\_\_\_\_

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

23. Signature. Robert J. [unclear] (M. D. or other) D  
Address. Savannah Mo Date signed 10/14/41

**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

*Fred Turham*

Licensed Embalmer No. *1259*

P. O. Address. *Savannah*

**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.**