. No. 2
—1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34453

Registration District No. 89

Primary Registration District No. 5-1-31 S139A

Registrar's No. 424

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Rural Ash Hill Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: -------- /
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ODIE SCHENKS

3. (b) If veteran, name war .....

3. (c) Social Security No. none

4. Sex Male /

5. Color or race White

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

6. (b) Name of ~~husband~~ or wife Mary

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

7. Birth date of deceased April (Month) 14. (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
63	6	21	..... hr. ..... min.

9. Birthplace Wayne County, (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business Farming

FATHER
12. Name William Schenks
13. Birthplace Bollinger Co. (City, town, or county) 0 Missouri (State or foreign country)

MOTHER
14. Maiden name Carolyn Hedrick
15. Birthplace Bollinger Co. (City, town, or county) 0 Missouri (State or foreign country)

16. (a) Informant Clyde Schenks

(b) Address St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 6, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Rucker Cemetery

18. (a) Signature of funeral director Frank Mortuary

(b) Address 412 Vine St., Poplar Bluff, Mo.

19. (a) 11-6-41 (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5 th. year 1941 hour 8 minute 28 A.M.

21. I hereby certify that I attended the deceased from Nov. 1st, 1941 ~~19--, to --~~ ~~19--~~;
that I last saw him alive on Nov. 1st, 1941, 19..;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	
Due to --	
Due to --	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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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) None

(b) Date of occurrence None

(c) Where did injury occur? None (City or town) (County) (State)

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

While at work -- (e) Means of injury -0

23. Signature J. W. McDonald (M. D. or other) M.D.

Address Poplar Bluff, Mo. Date signed 11-7-41

7 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1141-1572
Date Filed 11/24/41

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, [redacted] ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Howard A. Cooper

Licensed Embalmer No. 3996

P. O. Address 412 Vine St., Poplar Bluff

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

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