

DEC 15 1941

575

Registration District No. 576Primary Registration District No. 4339

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Moniteau
 (b) City or town Tipton Twp
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether
 In this community Four Years
 years, months or days)

3. (a) PRINT FULL NAME John Peter Schwickrath

3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive, dead years

7. Birth date of deceased September, 24th, 1864
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 1 18 hr. min.

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

10. Usual occupation Plumber and Tinner11. Industry or business Hardware12. Name Henry Schwickrath13. Birthplace Germany14. Maiden name Christiana Staunhauser15. Birthplace Germany16. (a) Informant Clara Ruck(b) Address Tipton, Mo17. (a) Burial (b) Date thereof 11-14-41(c) Place: burial or cremation Catholic Cemetery, Tipton, Mo18. (a) Signature of funeral director James E. Richards(b) Address Tipton, Mo

19. (a) (Date received local registrar) _____ (b) (Registrar's signature) _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
 (c) City or town Tipton
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12th
 year 1941 hour 6 minute 35 P.M.

21. I hereby certify that I attended the deceased from June 1941
to Nov 12, 1941
 that I last saw him alive on Nov 12, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach & lungs of Stomach
 Duration 8 months
 Due to _____

Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

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) _____
 (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 J. E. Purcell (M. D. or other) D.O.
 Address Tipton, Mo. Date signed 11/13/41

871

(Licensed Embalmer's Statement on Reverse Side)

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

Registered Apprentice No. _____

working under my personal supervision.

Signed

Jamee E. Richards

Licensed Embalmer No. 2466

P. O. Address

Lipton, Me

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

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

STANDARD CERTIFICATE OF DEATH

State File No. 38872
Registrar's No. 3

Registration District No. 575

Primary Registration District No. 4339

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Lepton
(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)

3. (a) PRINT FULL NAME

John P. Schuickrath

3. (b) If veteran, name was

3. (c) Social Security No.

4. Sex M

5. Color of hair W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased

Sept. 24 1864
(Month) (Day) (Year)

8. AGE:

Years 77 Months 1 Days 1
(If less than one day hr. min.)

9. Birthplace

Morgan County
(City, town, or county) (State or foreign country)

10. Usual occupation

Plumber + Painter

11. Industry of business

MOTHER FATHER

12. Name Henry Schuickrath

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

14. Maiden name Christina Stuechhaus

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

16. (a) Informant Clara Ruck

(b) Address Tipton Mo.

17. (a)

(b) Date hereof 11/14/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cemetery

18. (a) Signature of funeral director Jewell E. Richards

(b) Address Tipton Mo.

19. (a) Nov. 13

(b) Mrs. Lero Ferguson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town.....
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov Day 2
Year 1941 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19.....

that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Stomach primary site
Stomach primary site
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... H6 b

Of autopsy.....

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 H. C. Durand (M. D. or other) D. P.
Address Tipton, Mo. Date signed Nov 12 1941

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

SUPPLEMENTARY

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

5-38872