

DEC 17 10 41 7 25
Registration District No. _____

Primary Registration District No. 5960C

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

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town Rural Jasper, Turkey
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 40 years (Specify whether)
years, months or days

8. (a) PRINT FULL NAME Frank Jacob Schultz

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 0 5. Color or race White 6. (a) Single, ~~widowed~~, married, ~~divorced~~ 2

6. (b) Name of husband or wife Minnie F. Schultz 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased May 1, 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	6	7	hr. _____ min.

9. Birthplace Glasford Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Herman Schultz
 13. Birthplace Unknown Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Jemina Walgerment
 15. Birthplace Unknown Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Randolph Schultz
(b) Address Center, Mo.

17. (a) Burial (b) Date thereof Nov. 11, '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Olivet Cemetery

18. (a) Signature of funeral director Chas. Couch

(b) Address Center Missouri

19. (a) 1981/41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls 87
(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 8 day 8
year 41 hour 10 minute 30 a.m.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I ~~did~~ saw is alive on Dead Body - Nov. 15/41
and that death occurred on the date and hour stated above.

Immediate cause of death: Cornary Thrombosis

Due to _____

Due to _____

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

Major findings: 9/4/41
Of operations _____
Of autopsy _____

PHYSICIAN
Underlines 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)
(a) Means of injury _____

23. Signature [Signature] (M. D. or other) 3
Address New Ludo Mo. Date signed 11/2/41

RECEIVED

District Health Officer No. 10

District File Number 12-41-2203

Date Filed DEC 15 1941

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

Edgar B. Schlanke

Licensed Embalmer No. 4136

P. O. Address Center, Minn

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.