

FILED JAN 20 1942
Registration District No. 20

Primary Registration District No. 2051

Registrar's No. 168

1. PLACE OF DEATH:

(a) County Madawaska
(b) City or town Granville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Francis Hospital
(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 Floyd Dale Schooler

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced 9
6. (b) Name of husband or wife Edna Schooler 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 14 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Army

11. Industry or business _____

MOTHER FATHER
12. Name W. H. Schooler
13. Birthplace Grayson Co Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Folly N. Nussle
15. Birthplace Grayson Co Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Otto M. Volkmann
(b) Address Rockport Mo.

17. (a) Burial (b) Date thereof 1-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rockport Mo.

18. (a) Signature of funeral director Amelita Funeral Home
(b) Address 951 South Main Granville Mo

19. (a) 1-3 1942 (b) Manuel E. Clady
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Atchison
(c) City or town Rock Port
(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 Dec day 31 1941
year _____ hour 11 PM minute _____ M. _____

21. I hereby certify that I attended the deceased from Dec 15
1941 to Dec 31 1941
that I last saw him alive on Dec 31 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Cerebral Thrombosis 2 weeks
Due to Atherosclerosis 15 yrs
Hypertension 15 yrs
Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

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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) _____
(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)
(c) Manner of injury _____

23. Signature August Blatter (M. D. or other) _____
Address Rockport Mo Date signed 3-42

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

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..... *William Campbell*

Licensed Embalmer No. *2620*

P. O. Address..... *Marquill Me*

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.