

FILED FEB 10 1942

Registration District No. 3017

State File No. ....

Registrar's No. ....

40  
1  
2  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Grundy

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

(c) Name of hospital or institution:  
1317 Maple St  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 8 yr.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Grundy

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

(d) Street No. 1317 Maple St.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Edward Schooler

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23  
year 1942 hour 2 minute 45 A.M.

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

6. (b) Name of husband or wife Rozella Schooler 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Jan 10 1892  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 19 1942, to Jan 23, 1942  
that I last saw him alive on Jan 22, 1942,  
and that death occurred on the date and hour stated above.

8. AGE: Years 50 Months 0 Days 13 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Acute meningitis

Dug to Chronic ethmoid sinus infection

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace Spickard MO  
(City, town or county) (State or foreign country)

10. Usual occupation Farmer

Major findings:  
Of operations GIA  
Of autopsy None

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

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

12. Name David Schooler

13. Birthplace Mill Grove MO  
(City, town, or county) (State or foreign country)

14. Maiden name Malone Bosley

15. Birthplace Grundy Co MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Rozella Schooler  
(b) Address 1317 Maple St. Trenton MO

17. (a) Burial (b) Date thereof Jan 25 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Cem Spickard MO

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) Means of injury \_\_\_\_\_

23. Signature W. H. Muller MD (M. D. or other) \_\_\_\_\_  
Address Trenton MO Date signed 1-23-42

18. (a) Signature of funeral director W. E. Schooler  
(b) Address Spickard MO

19. (a) 1-23-42 (b) Drene A. Jau  
(Date received local registrar) (Registrar's signature)

FEB 16 1942

FEB 16 1942

FEB 19 1942

FEB 18 1942

FEB 18 1942

**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..... *Bob Wise* .....

Licensed Embalmer No. *3771* .....

P. O. Address *Spickard Mo* .....

**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.**