S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14188

State File No.

FILED MAY 23 1942

Registration District No. 259

Primary Registration District No. DeKalb

Registrar's No. 13

32
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County DeKalb

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

(c) Name of hospital or institution: home 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 ..... years, months or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DeKalb

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

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

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

If yes, name country .....

3. (a) PRINT FULL NAME CHARLS SCHOTTEL

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M

5. Color or race W

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

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

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

7. Birth date of deceased Jan (Month) 26 (Day) 1883 (Year)

8. AGE: Years 59 Months 2 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace DeKalb co (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name August Schottel
13. Birthplace DeKalb co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Barbara Weise
15. Birthplace Gentry Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Lizzie Schottel

(b) Address Clarksdale Mo

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

(c) Place: burial or cremation Bethel Cosby Mo

18. (a) Signature of funeral director John G Brown

(b) Address Clarksdale Mo

19. (a) 4-16-42 (Date received local registrar) (b) C M Wingley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 4 year 1942 hour 1 minute 00 P. M.

21. I hereby certify that I ~~attended the deceased from~~ viewed the body, 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Penetration of brain by 32 revolver bullet. Entered head in right mastoid	
Due to area	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

164c

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) Suicide 32 revolver

(b) Date of occurrence April 4, 1942 11:30 AM.

(c) Where did injury occur? Rural (City or town) DeKalb (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public road, 5 mi east Cosby Mo. (Specify type of place)

While at work? No (e) Means of injury 32 revolver

23. Signature Luther E. Rockhold (M. D. or other) DO.

Address Union Star, Mo Date signed 4/4/42

1243

(Licensed Embalmer's Statement on Reverse Side) Coroner & DeKalb County.

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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed John G Brown

Licensed Embalmer No. 3933

P. O. Address Clayton 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.