V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 5 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14279

State File No.

Registration District No. 296 Primary Registration District No. 5413 Registrar's No.

36
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County FRANKLIN.

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

(c) Name of hospital or institution: Union Twp 1 x (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x (Specify whether In this community 1 year. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Rural-Beaufort Mo (If outside city or town limits, write "RURAL")

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

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

If yes, name country x

3. (a) PRINT FULL NAME Richard Schuessler

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife —

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

7. Birth date of deceased Oct. (Month) 17 (Day) 1866 (Year)

8. AGE: Years 75 Months 6 Days 10 If less than one day hr. — min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation Retired Ice Man

11. Industry or business —

FATHER
12. Name Unknown
13. Birthplace Germany (City, town, or county) —4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) —4 (State or foreign country)

16. (a) Informant Walter R Schuessler

(b) Address 2011 A Mississippi Ave St Louis Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30 1942 (Month) (Day) (Year)

(c) Place: burial or cremation New St Marcus Cemt.

18. (a) Signature of funeral director E H Temme

(b) Address Beaufort Mo

19. (a) Apr 28/1942 (Date received local registrar) (b) Conrad A Rieger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1942 hour 11 00 minute A. M.

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

Immediate cause of death 164c Hemorrhage

Due to from gun shot

Due to Wound in Right

Other conditions Side of Temporal Region, Suicide (Include pregnancy within 3 months of death)

Major findings: Of operations /

Of autopsy no

Duration

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

(b) Date of occurrence April 27, 1942

(c) Where did injury occur? Beaufort Franklin Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? At Home 3 (Specify type of place)

While at work? (e) Means of injury gun wound

23. Signature Ernst L. Oltmanns (M.D. or other) Coroner

Address Gerald, Missouri Date signed 4-27-42

1117

(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, or by E. H. Jemme Registered Apprentice No. ..... working under my personal supervision.

Signed E. H. Jemme

Licensed Embalmer No. 3076

P. O. Address Beaufort 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.