

FILED MAY 18 1942

4551

Registration District No. 776

Primary Registration District No. 4551

Registrar's No. 11

**1. PLACE OF DEATH:**

(a) County Morgan

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

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Morgan 7/0

(c) City or town Stover  
(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.? 45 0 years

**3. (a) PRINT FULL NAME** Francois Stabor Schnirch

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

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

6. (b) Name of husband or wife Joseph Schnirch 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 27 1856  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 16 th. year 1942 hour 5 minutes 15 A.M.

21. I hereby certify that I attended the deceased from Apr 14 1942 to Apr 14 1942  
that I last saw her alive on Apr 14 1942  
and that death occurred on the date and hour stated above.

**8. AGE:**

Years	Months	Days	If less than one day
<u>85</u>	<u>7</u>	<u>19</u>	hr. _____ min. _____

Immediate cause of death Dysentery

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

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

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration 4 days

9. Birthplace Vienna Austria  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

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

MOTHER FATHER { 12. Name unknown

18. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

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) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

16. (a) Informant John Schnirch  
(b) Address Stover, Mo.

17. (a) Burial (b) Date thereof Apr 19 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stover Ga.

18. (a) Signature of funeral director Papp + Stevinson  
(b) Address Stover, Mo.

19. (a) April 20 1942 (b) Henry Kipp  
(Date received local registrar) (Registrar's signature)

23. Signature Chas A West (M. D. or other) \_\_\_\_\_  
Address Stover Mo Date signed Apr 16 42

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

7100

MOTHER FATHER

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

RECEIVED

District Health Officer No. 7,

District File Number 5-42-486

Date Filed 5-12-42,

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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

*Jewell Stevenson*

Licensed Embalmer No. 4073

P. O. Address Stover, Ma

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.