

REC'D JUN 22 1942

Registration District No. 170

Primary Registration District No. 3072

Registrar's No. 28

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

1. PLACE OF DEATH:
 (a) County Jefferson
 (b) City or town DeSoto
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1113 South Second
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
 In this community 18 Years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jefferson
 (c) City or town DeSoto
(If outside city or town limits, write "RURAL")
 (d) Street No. 1113 South Second
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME DOMINIC SCHUTTE
 3. (b) If veteran, name war No
 3. (c) Social Security No. 93-01-2217

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 14 year 1942 hour 6 minute 10 M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mary Oleta Cissil
 6. (c) Age of husband or wife if alive 44 years
 7. Birth date of deceased Feb. 5, 1889
(Month) (Day) (Year)

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

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>3</u>	<u>10</u>	hr. min.

Immediate cause of death: Heart Block
 Duration 30 min

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

Due to Angina Pectoris 5 yrs -

10. Usual occupation Shoe Cutter

Due to Coronary Thrombus

11. Industry or business International Shoe Co.

Other conditions 948
(Include pregnancy within 3 months of death)

12. Name Monroe Schutte

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

13. Birthplace ?
(City, town, or county) (State or foreign country)

14. Maiden name Merrcel

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

16. (a) Informant Mrs. Oleta Schutte

(b) Address De Soto Mo.

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

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Lee Mothershead
 (b) Address DeSoto, Mo.

19. (a) 5-13-42 (b) Fern Spencer
(Date received local registrar) (Registrar's signature)

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?
(Specify type of place)

While at work _____ (Specify type of place) Means of injury _____

23. Signature G. A. Elders (M, D. or other)
 Address De Soto Date signed 5/15/42

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MAY 31 1956

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 *J. E. Mollushead*
Licensed Embalmer No. *3531*
P. O. Address *W. S. M.*

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.