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

1. PLACE OF DEATH

(a) County Black

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

(c) Name of hospital or institution: 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

3. (a) PRINT FULL NAME Theresa Schindler

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

4. Sex FM. 5. Color or race W. 6. (a) Single, widowed, married, 2 divorced Widowed

6. (b) Name of husband or wife Tom Schindler 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 27 1958
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation at Home

11. Industry or business

12. Name John Ziegler

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

14. Maiden name Julian Scheffelt

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

16. (a) Informant Edmond Schindler
(b) Address Centerville, Mo.

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

(c) Place: burial or cremation St. Pauls Cemetery

18. (a) Signature of funeral director Fred Tharls
(b) Address Kahoka, Mo.

19. (a) 7-8-42 (b) Perry J. Boston
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clark

(c) City or town Kahoka, Mo.
(If outside city or town limits write "RURAL")

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

(e) If foreign born, how long in U. S. A? 60 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th
year 1942 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from 6-17 47
1942, to 6-18-42 1942;

that I last saw him alive on _____ 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Pronounced thrombosis

Due to athoria

Due to _____

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings: _____

Of operations _____

Of autopsy _____

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 _____

23. Signature [Signature] (M. D. or other) _____

Address Kahoka, Mo. Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 7-42-1416

Date Filed JUL 15 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.....

Licensed Embalmer No.....

P. O. Address.....

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.