

No. 2  
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PI X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JUL 13 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 20954

Registration District No. 204

Primary Registration District No. 2013

Registrar's No. 31

1. PLACE OF DEATH: Clinton

(a) County: Clinton

(b) City or town: Cameron

(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: /

In this community: /

(Specify whether years, months or days)

3. (a) PRINT FULL NAME: Mary E Schonk

3. (b) If veteran, name war: no

3. (c) Social Security No.: NONE

4. Sex: Female /

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: G. W. Schonk

6. (c) Age of husband or wife if alive: 79 years

7. Birth date of deceased: Dec. 26th, 1868

(Month) (Day) (Year)

8. AGE: Years: 73 1/2

Months: 5

Days: 17

If less than one day: hr. min.

9. Birthplace: Chariton Co. Mo.

(City, town, or county) (State or foreign country)

10. Usual occupation: Housework at home

11. Industry or business: at home

12. Name: Benj. Sutton

13. Birthplace: Unknown 9

(City, town, or county) (State or foreign country)

14. Maiden name: Sarah Lake

15. Birthplace: Chariton Co. Mo.

(City, town, or county) (State or foreign country)

16. (a) Informant: G. W. Schonk

(b) Address: Cameron, Mo.

17. (a) Burial (b) Date thereof: June 7, 1942

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Bevier, Mo.

18. (a) Signature of funeral director: O. Moore

(b) Address: Cameron, Mo.

19. (a) June 5, 1942 (b) Mrs. Kathleen Harris

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Clinton 25

(c) City or town: Cameron

(If outside city or town limits, write "RURAL")

(d) Street No.: West 8th.

(If rural, give location)

(e) If foreign born, how long in U. S. A.: no 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 3

year: 1942 hour: 8 minute: P M.

21. I hereby certify that I attended the deceased from 1940

19 to 1942

that I last saw him alive on May 28, 1942

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

Immediate cause of death: Hypertensive Heart Disease - Congestive Heart Failure

Due to: 930

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

PHYSICIAN

Major findings: Of operations

Of autopsy

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)

(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: J. P. Jones (M. D. or other)

Address: Cameron, Mo. Date signed: June 4, 1942

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

**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; fact should be so stated above.**