

FILED AUG 14 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24346

State File No.

531

Registration District No. 318

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County. **GREENE**
(b) City or town. **SPRINGFIELD**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
417 1/2 E. COMMERCIAL ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
20 YRS. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. **Mo.** (b) County. **Greene**
(c) City or town. **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **417 1/2 E. Commercial St**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **MANLIE WENFIELD SCHEETZ.**

3. (b) If veteran, name war. **NONE**
3. (c) Social Security No. **NONE**

4. Sex. **MALE** 5. Color or race. **WHITE**
6. (a) Single, widowed, married, divorced. **MARRIED**
6. (b) Name of husband or wife. **MILDRED SCHEETZ.**
6. (c) Age of husband or wife if alive. **41** years
7. Birth date of deceased. **March 28 1892**
(Month) (Day) (Year)

8. AGE: Years **50** Months **3** Days **18**
If less than one day hr. min.

9. Birthplace. **Greene Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation. **Chiropractor**

11. Industry or business. **Chiropractor**

12. Name. **George Scheetz**

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

14. Maiden name. **Unknown Unknown**
(City, town, or county) (State or foreign country)

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

16. (a) Informant. **Mildred Scheetz**

(b) Address. **Springfield, Mo.**

17. (a) **Burial** (b) Date thereof. **July 27 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. **Green Lawn**

18. (a) Signature of funeral director. **J.W. Kingree**

(b) Address. **Springfield Mo.**

19. (a) **7-20-42** (b) **W. H. Hardley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **16**th
year **1942** hour **8** minute **05 P.** M.

21. I hereby certify that I attended the deceased from **July 16** 19**42**
to **July 16** 19**42**
that I last saw him alive on **July 16** 19**42**
and that death occurred on the date and hour stated above.
Immediate cause of death.

Due to **Coronary occlusion**

Due to

Other conditions. **Arteriosclerosis Hypertension**
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy. **940**

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. **W. T. Walsh** (M. D. or other).....

Address. **Springfield Mo.** Date signed **7/17/42**

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

39
2
6

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

5/10/1963
11/19/63
11/19/63

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 *Roy A. Gavin*
Licensed Embalmer No. *1763*
P. O. Address *Springfield 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.

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