S. No. 2
M—9-4-41
v. 5-17-39
I X29484

FILED AUG 14 1942

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25479

State File No.

Registration District No. 397 Primary Registration District No. 4499 Registrar's No. 75

102
2
0

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

1. PLACE OF DEATH:
(a) County Shelby
(b) City or town Shelbina
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Furnish Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days (Specify whether years, months or days)
In this community 25 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Monroe 69
(c) City or town Paris Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Fred W Schwieter
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara Schwieter
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased July (Month) 16th (Day) 1875 (Year)

8. AGE: Years 66 Months 11 Days 3 If less than one day hr. min.

9. Birthplace Elco (City, town, or county) Nevada / (State or foreign country)
10. Usual occupation Farming
11. Industry or business
MOTHER FATHER
12. Name Charles M Schwieter
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
14. Maiden name Juliana Mesner
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Mrs Clara Schwieter
(b) Address Paris Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/42 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Shelbina Mo.
18. (a) Signature of funeral director Williams & Barkelew
(b) Address Shelbina Mo.
19. (a) July 10 42 (Date received local registrar) (b) Mattie Gooch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th year 1942 hour 6 minute 15 P.M.
21. I hereby certify that I attended the deceased from June 15th 1942 to June 19th 1942 that I last saw him alive on June 19th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Heart failure Arteriosclerosis — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 934
Major findings: Of operations
Of autopsy

PHYSICIAN
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) no
(b) Date of occurrence no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no
While at work? no (Specify type of place) (e) Means of injury no
23. Signature J. O. Furnish (M. D. or other) M.D.
Address Shelbina, Mo. Date signed 6-22-42

1045 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-42-1603
Date Filed AUG 13 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 Henry [illegible] Barkelew

Licensed Embalmer No. 3835

P. O. Address Steelville 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.