

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29731

State File No. _____

FILED OCT 10 1942

Registration District No. 31

Primary Registration District No. 5108

Registrar's No. 16

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

1. PLACE OF DEATH:

(a) County Benton

(b) City or town Mora, Rural Williamstownship
(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 2 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton

(c) City or town Cole Camp
(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.? 0 years.

3. (a) PRINT FULL NAME William J Schenewark

(b) If veteran, name war No

(c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month September day 28
year 1942 hour 11 minute 55 P M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, 2 divorced, widowed

21. I hereby certify that I attended the deceased from Sept 28
1942 to Sept 24 1942
that I last saw him alive on Sept 24 1942
and that death occurred on the date and hour stated above.

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

7. Birth date of deceased March 2nd 1858
(Month) (Day) (Year)

Immediate cause of death Heart Block (Stokes Adams)
E. Arteriosclerosis
Due to Arteriosclerotic heart disease
Due to _____

Duration 6 days

8. AGE: Years 84 Months 6 Days 26 If less than one day _____ hr. _____ min.

Other conditions Acute Cholecystitis
(Include pregnancy within 3 months of death)

Duration 6 days

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

10. Usual occupation Retired Farmer

Major findings: Of operations _____
Of autopsy 95a

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Frank Schenewark

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

MOTHER FATHER { 14. Maiden name Louisa Kruger
15. Birthplace Germany
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

16. (a) Informant E. E. Gerken
(b) Address Mora, Mo R R D

17. (a) Burial (b) Date thereof Oct 4th 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Trinity Lutheran Cemetery

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director E. E. Gerken
(b) Address Cole Camp Mo

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

23. Signature J. D. Bennett (M.D. or other) M.D.
Address Cole Camp, Mo. Date signed 10-2-42

19. (a) 10-1-1942 (b) Sue Selover
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 7,

District File Number 10-42-1038

Date Filed 10-5-42,

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 E. L. Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.