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S. No. 2  
-11-10-39  
7-5-17-39  
I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED DEC 3 1942

Registration District No. 278

Primary Registration District No. 4144

Registrar's No. 151

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

1. PLACE OF DEATH:

(a) County: Cooper

(b) City or town: Pilot Grove  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None  
In this community: 86 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: Cooper

(c) City or town: Pilot Grove - 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.? no. years.

3. (a) PRINT FULL NAME: PEARSON SCHNECK

3. (b) If veteran, name war: No 8. (c) Social Security No.: No

4. Sex: Male 5. Color or Race: W 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Annette Schneck 6. (c) Age of husband or wife if alive: 87 years

7. Birth date of deceased: Aug-17-1856  
(Month) (Day) (Year)

8. AGE: 86 Years 2 Months 8 Days If less than one day hr. min.

9. Birthplace: Worthington Pa.  
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Same

12. Name: Jacob Schneck

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

14. Maiden name: Cristina Zeller

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

16. (a) Informant: John D. Reis  
(b) Address: Pilot Grove - Mo

17. (a) Burial (b) Date thereof: 11-27-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Pilot Grove, Mo

18. (a) Signature of funeral director: W. H. H. H. H.  
(b) Address: Pilot Grove Mo

19. (a) Nov-27-42 (b) D. Chasswep  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25  
year 1942 hour 9 minute 30 AM.

21. I hereby certify that I attended the deceased from 11-25-1942 to 11-25-1942  
that I last saw him alive on 11-25- 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis

Due to: Endocarditis

Due to: \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death): 938

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: 0

23. Signature: J. O. Polley (M. D. or other) \_\_\_\_\_  
Address: Pilot Grove, Mo Date signed: 11-25-42

Duration: 1 yr  
?   
PHYSICIAN: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 12-1-42

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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 Myself

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, Wis.

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.