

Registration District No. **274**

Primary Registration District No. **3052**

80
6
4

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

1. PLACE OF DEATH:

(a) County **SE Pettis**
(b) City or town **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **408 W 5**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 Years** (Specify whether years, months or days)
In this community **7 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **Pettis**
(c) City or town **Sedalia**
(If outside city or town limits, write "RURAL")
(d) Street No. **408 W 5**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Philip R Schnabel**

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, **Widowed**
6. (b) Name of husband or wife **Lillie Schnabel** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Feb 22 1861**
(Month) (Day) (Year)

8. AGE: Years **81** Months **8** Days **25** If less than one day _____ hr. _____ min.

9. Birthplace **Benton County**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Farmer**

12. Name **Fred Schnabel**

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

14. Maiden name **Elizabeth**

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

16. (a) Informant **Clarence Schnabel**

(b) Address **Ionia Mo.**

17. (a) **Burial** (b) Date thereof **Nov. 18 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ionia Mo.**

18. (a) Signature of funeral director **McLaughlin Bros.**
(b) Address **Sedalia Mo.**

19. (a) **11/18/42** (b) **Mrs. Anna Berger**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **16** year **1942** hour **2:00** minute **A** M.
21. I hereby certify that I attended the deceased from **Nov 15** 19**42** to **Nov 16** 19**42**
that I last saw him alive on **Nov 15** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis** Duration **2 mos**
Diabetes **10 yrs**

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **61**
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) _____
(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? _____

(Specify type of place) (c) Means of injury _____
While at work _____
23. Signature **A. L. Walter** (M. D. or other) **M.D.**
Address **Sedalia** Date signed **11-18-42**

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-7-42

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia, 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.