

S. No. 2
4-5-42
5-17-39
1-15-48
1-15-51

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7203

State File No.

Registrar's No. 15

MAR 11 1943

Registration District No. 273

Primary Registration District No. 5914

1. PLACE OF DEATH:
 (a) County Perry
 (b) City or town Rural Brazeau Jm
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether)
 In this community 47-3-18 years, months or days

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

3. (a) PRINT FULL NAME Rudolph H. Schade
 (b) If veteran, name war..... (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month February day 9
 year 1943 hour..... minute..... M.
 21. I hereby certify that I attended the deceased from.....
 19..... to..... 19.....
 that I last saw him..... alive on..... 19.....
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Louisa Schade 6. (c) Age of husband or wife if alive 36 years
 7. Birth date of deceased November 21 1895
 (Month) (Day) (Year)

Immediate cause of death Hanging
Suicide
 Due to.....
 Due to.....
 Other conditions (Include pregnancy within 3 months of death) 164

8. AGE: Years Months Days If less than one day
47 3 18 hr. min.

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

9. Birthplace Perry Co. Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Farming

11. Industry or business.....
 12. Name Ernst Schade
 13. Birthplace Perry Co. Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Bremer
 15. Birthplace Perry Co. Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Louisa Schade
 (b) Address Frohna Mo.
 17. (a) Burial (b) Date thereof 2-12-1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Suicide
 (b) Date of occurrence Feb 9 1943
 (c) Where did injury occur? Farm Home
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Farm
 (Specify type of place)
 While at work?..... (e) Means of injury.....
 23. Signature W. E. McLean (M.D. or other)
 Address Perryville Mo. Date signed 2-10-43

(c) Place: burial or cremation Frohna Mo.
 18. (a) Signature of funeral director Young & Sons
 (b) Address Perryville Mo.
 19. (a) 2-10-43 (b) Thos. Gledner
 (Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

JAK 18 1938

RECEIVED

District Health Officer No. 4
District File Number 343-1937
Date Filed 3-10-43

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 Wallace Young
Licensed Embalmer No. 4027
P. O. Address Perryville, 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.