

Registration District No. 42

Primary Registration District No. 1005

Registrar's No. 280

1. PLACE OF DEATH

(a) County Buchanan

(b) City or town Saint Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2018 Francis St. Nursing Home 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Fifty years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Saint Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 2016 Calhoun  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Otto Schultz

3. (b) If veteran,  name war ✓

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 3 year 1943 hour 12 minute 15 P M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband Mrs. Emma Schultz 6. (c) Age of husband 67 years if alive

7. Birth date of deceased March 9, 1861  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jul 15, 1942 to Mar 3, 1943  
that I last saw him alive on Mar 2, 1943 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>11</u>	<u>25</u>	

Immediate cause of death Cerebral hemorrhage 10 hrs

Due to arterio sclerosis

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

10. Usual occupation Wall paper hanger

Due to M. B. P.

Other conditions § 301  
(Include pregnancy within 3 months of death)

11. Industry or business

12. Name Unknown Schultz

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

14. Maiden name Unknown

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

Major findings: § 301

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Emma Schultz

(b) Address 2016 Calhoun St.

17. (a) Burial (b) Date thereof Mar. 5, 1943  
(Burial, cremation, or removal) (City or town) (County) (State)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director W. E. R. Schumaker

(b) Address 603 South 10th Street

19. (a) 3-4-43 (b) Rose Bergog  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_

23. Signature J. R. Elliott (M. D. or other) 0

Address 80 1/2 Traver Date signed 3-4-43

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

MOTHER FATHER

11  
7

*Dr. Elliott*

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Mollie E. Sidenfaden Fox*

Licensed Embalmer No. *4235*

P. O. Address *St. Joseph, 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.**