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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10882

State File No.

Registration District No. 211 Primary Registration District No. 5778 Registrar's No.

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Eugene Rural Jim Henry
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 66

(a) State Missouri (b) County Miller

(c) City or town Eugene Rural Jim Henry
(If outside city or town limits, write "RURAL")

(d) Street No. —
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME JANICE ANN Schulte

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F

5. Color or race W

6. (a) Single, ~~widowed, married,~~ 0 ~~divorced~~ Single

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Feb (Month) 8 (Day) 1943 (Year)

8. AGE: Years | Months 1 | Days 4 | If less than one day — hr. — min.

9. Birthplace Miller Co. Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Richard Joseph Schulte
13. Birthplace Miller Co., Mo (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Kathleen Adeline Kempker
15. Birthplace Miller Co., Mo (City, town, or county) 0 (State or foreign country)

16. (a) Informant R. J. Schulte
(b) Address Eugene Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3, 14, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mary's Home

18. (a) Signature of funeral director Em. Schell.
(b) Address Eugene Mo.

19. (a) March 13 1943 (Date received local registrar) (b) H. C. Wright (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 13
year 1943 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from March 11th, 1943, to 3/13, 1943;
that I last saw her alive on March 12, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Pneumonia	3 days
Due to	
Due to	
Other conditions ✓ (Include pregnancy within 3 months of death)	

Major findings:
Of operations ✓ 107
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)
While at work? ✓ (e) Means of injury ✓

23. Signature Geo. H. Shirley M.D. (M. D. or other)
Address Eugene Mo. Date signed 3/13/43

0.77

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't.
County File Number 43-22
Date Filed 4-3-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.