

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 11 1943

Registration District No. 207

Primary Registration District No. 5755

Registrar's No. 91

1. PLACE OF DEATH:
(a) County Maurois
(b) City or town Rural - Jackson
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Maurois
(c) City or town Rural - Jackson
(If outside city or town limits, write "RURAL")

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

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

In this community _____ years, months or (days) 71 years

(e) If foreign born, how long in U. S. A.? 800 years.

3. (a) PRINT FULL NAME Julius Schwiegl

MEDICAL CERTIFICATION

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

20. DATE OF DEATH, Month Feb. day 21 year 1943 hour 7 minute A.M.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

21. I hereby certify that I attended the deceased from February 20, 1943 to Feb 21, 1943 that I last saw him alive on Feb 20, 1943 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Francis Adenbaum 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Chronic Nephritis Duration ?

7. Birth date of deceased Jan. 31, 1857
(Month) (Day) (Year)

8. AGE: Years 81 Months _____ Days 21 If less than one day _____ hr. _____ min.

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

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

Major findings: 131 b
Of operations _____
Of autopsy _____

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Harley Schwiegl

(b) Address Wynona, Mo.

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof Feb. 23, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Backus Cemetery

18. (a) Signature of funeral director W.C. Cunningham
(b) Address Wynona, Mo.

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

19. (a) 5-13-43 (Date received local registrar) (b) Erna Basutt (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.C. Howard (M. D. or other) Address Wynona, Mo. Date signed 3/15/43

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

603
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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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed *M. B. Cunningham*

Licensed Embalmer No. *3664*

P. O. Address *Wesley St*

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.