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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUL 10 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21287

State File No.

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 47

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution: St. Francis Hospital O
(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: 109

(a) State Missouri (b) County Warren 1

(c) City or town Warrenton 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (~~Yes~~ or No) 1

If yes, name country

3. (a) PRINT FULL NAME John Wesley Schwartz

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White O

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased May (Month) 12 (Day) 1943 (Year)

8. AGE: Years | Months | Days 28 | If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business "

FATHER
12. Name Wesley Frank Schwartz
13. Birthplace Warren County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Malinda Fuetter
15. Birthplace Warren County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Wesley F. Schwartz
(b) Address Warrenton, Missouri

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof June 11, 1943 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Warrenton Mo

18. (a) Signature of funeral director T W Hiling
(b) Address Warrenton Mo

19. (a) June 9-43 (Date received local registrar) (b) Fred J Ruether Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1943 hour 8:00 a.m. minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute Enteritis	
Due to Prematurity N	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

1190

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 R Schmidt (M. D. or other)
Address Northeastern Mo Date signed 6-9-43

1181

(Licensed Embalmer's Statement on Reverse Side)

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.