

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **712**

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Missouri Methodist Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 Days** (Specify whether
In this community **2 Days** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Andrew**
(c) City or town **Cozby** (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **George Henry Schwalm**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Rose Schwalm** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 8 1871**
(Month) (Day) (Year)

8. AGE: Years **71** Months **11** Days **2** If less than one day hr. _____ min. _____

9. Birthplace **Gentry County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Post Master**

11. Industry or business

12. Name **John Schwalm**
13. Birthplace **unknown** (City, town, or county) (State or foreign country) **9**
14. Maiden name **Louise Theis**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country) **Missouri**

16. (a) Informant **Albert D Schwalm**

(b) Address **St. Joseph, Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **6/13/1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Cozby Evangelical**

18. (a) Signature of funeral director **Walter Meierhoffer**

(b) Address **18th. & Farson St. St. Joseph, Mo.**

19. (a) **6-13-43** (Date received local registrar) (b) **Olse Herzog** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **10th**
year **1943** hour **8:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **May 15**
19**43** to **June 10** 19**43**

that I last saw him alive on **June 10** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary embolism**

Due to **vesical calculi, Cystitis**

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

Major findings: Of operations **no operation**
Of autopsy **none**

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) (c) Means of injury _____

23. Signature **J J Baumbach** (M. D. or other) **0**
Address **St. Joseph Mo** Date signed **6/11/43**

Duration **2**
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

JUL 28
1901
H. B. ...

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 *E. A. Clark*.....

Licensed Embalmer No. 4238 Missouri.....

P. O. Address St. Joseph, Missouri......

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.