

No. 2
-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27621

FILED SEP 9 1943
Registration District No. 27

Primary Registration District No. 3005

Registrar's No. 51

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Butler Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 2 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bates
(c) City or town Butler
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Stephen Richard Schneider
3. (b) If veteran, name war.....
3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 31
year 1943 hour..... minute..... M.
21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw him..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

4. Sex M
5. Color of race W
6. (a) Single, widowed, married, divorced SO
6. (b) Name of husband or wife infant
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased April 6th 1938
(Month) (Day) (Year)

Immediate cause of death
Multiple Fractures of chest.
Due to.....
Due to Run over by truck.
Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
5 4 25 hr..... min.
9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....
Of autopsy.....
1700-8
21

10. Usual occupation.....
11. Industry or business.....
12. Name Theodore R. Schneider
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Charlotte M. Grunow
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
16. (a) Informant Theo. R Schneider
(b) Address Butler Missouri
17. (a) Burial (b) Date thereof Sep. 2/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oakgrove Mauseleum.
18. (a) Signature of funeral director Booths
(b) Address Butler Missouri
19. (a) Sept 1 1943 (b) Pauline Crompton
(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) accident
(b) Date of occurrence Aug. 31/43
(c) Where did injury occur? Maple street-Butler Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public street
(Specify type of place)
While at work?..... (e) Means of injury Coroner
23. Signature John G. Schneider (M. D. or other) Bates Co. Mo
Address Butler Mo. Date signed 8/31/43

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

SEP 17 1948

SEP 6 1949

RECEIVED

District Health Officer No. 7,

District No. 8-43-912
Date Filed 9-9-43

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 *John L. Underwood*
Licensed Embalmer No. 3585
P. O. Address *Butler, Wis*

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.