

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28717

Registration District No. 195

Primary Registration District No. 8714

Registrar's No. 24

1. PLACE OF DEATH:

(a) County McDonald
(b) City or town Pineville, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 More Pineville Inn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community none years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County McDonald
(c) City or town Anderson Route 3
(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 EMMIT SCHLESSMAN

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S O

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

7. Birth date of deceased Feb 4 1928
(Month) (Day) (Year)

8. AGE: Years 15 Months 5 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Same

12. Name Leon Schlessman

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

14. Maiden name Willa Thrutley

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

16. (a) Informant Leon Schlessman

(b) Address Anderson MO

17. (a) Burial (b) Date thereof 8-4-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Israel

18. (a) Signature of funeral director R M Humphrey
(b) Address Pineville MO

19. (a) Aug 3 (b) Una Martin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2nd day Aug.
year 1943 hour 8 minute 45 P. 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.

Immediate cause of death Accidental Drowning

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 183-3

Major findings: Of operations 36

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 8-2-1943

(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 Coover

23. Signature R M Humphrey (M. D. or other) Coover
Address Pineville MO Date signed 8-5-43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 943-979

Date Filed SEP 10 1943

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 Mayne E. Humphrey

Licensed Embalmer No. 4262

P. O. Address Pineville, Mo

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.