

Registration District No. 128 Primary Registration District No. 2000

1. PLACE OF DEATH:
(a) County BRENE
(b) City or town SPRINGFIELD
(c) Name of hospital or institution: 945 EAST DIVISION
(d) Length of stay: In hospital or institution 26 years
In this community 26 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(d) Street No. 945 East Division
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME MINNIE SCHULTZ
(b) If veteran, name war none (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 9 year 1943 hour 4 minute 50 A.M.
21. I hereby certify that I attended the deceased from Sept-4 1943 to 12/8 1943
that I last saw her alive on Dec 8 1943 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife unk. 6. (c) Age of husband or wife if alive Dec years 8 1255

Immediate cause of death Hypotensive Pneumonia
Due to continued sleeping in bed
Due to Cardiovascular disease
Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 87 Months 8 Days 1 If less than one day hr. min.

9. Birthplace PIENIN GERMANY 4

10. Usual occupation HOUSEWIFE

11. Industry or business HOUSEWIFE

MOTHER FATHER { 12. Name FRED JENTZEN 4
13. Birthplace unk. GERMANY
14. Maiden name CAROLINA PIVE M.E.R.
15. Birthplace unk. GERMANY

16. (a) Informant Mr. Carl W. Shultz

(b) Address 945 E. Division, Spfld, Mo.
17. (a) Removal (b) Date thereof Dec 12, 1943

(c) Place: burial or cremation Willow Springs

18. (a) Signature of funeral director Fred C. Shelm

(b) Address Springfield, Mo.
19. (a) 12-9-43 (b) B. W. Handley

PHYSICIAN
Major findings: Of operations 131a
Of autopsy

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?
(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. E. Ballard (M. D. or other)
Address Springfield, Mo. Date signed 12/9/43

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

29
2
6

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.....

Fred C. Theime

Licensed Embalmer No. *2899*

P. O. Address, *Springfield, 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.