No. 2
1—2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4621

Registration District No. 327 Primary Registration District No. 6111 Registrar's No.

100
0
0

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

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Commerce Rural Commerce Twp (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 (Specify whether

In this community Akk of life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 100

(c) City or town Commerce Rural (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ✓ 0

3. (a) PRINT FULL NAME Arthur Albert Schivitz Schiwitz

3. (b) If veteran, name war World War I

3. (c) Social Security No. ✓

4. Sex Make

5. Color or race White

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

6. (b) Name of husband or wife Mary Pearl Schivitz

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

7. Birth date of deceased Oct (Month) 5 (Day) 1886 (Year)

8. AGE: Years 57 Months 3 Days 17 If less than one day hr. min.

9. Birthplace Commerce (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Henry Schivitz
13. Birthplace — (City, town, or county) Texas (State or foreign country) 1

MOTHER
14. Maiden name Augusta Dunger
15. Birthplace Commerce (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Mrs A A Schivitz

(b) Address Commerce, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) 25 (Day) 1944 (Year)

(c) Place: burial or cremation Luthern - Illmo Mo

18. (a) Signature of funeral director Bisplinghoff Hubbard

(b) Address Chaffee Mo

19. (a) (Date received local registrar) (b) Ida Hawkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22 year 1944 hour 12 Noon 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.

Immediate cause of death Strangulation caused by falling tree crushing - chest neck + shoulder

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1952

99

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

(a) Accident, suicide, or homicide (specify) Accident 100

(b) Date of occurrence Jan 22 1944

(c) Where did injury occur? (City or town) Scott (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on Farm (Specify type of place)

While at work? Yes (e) Means of injury 8

23. Signature [signature] (M.D. or other) JP

Address Benton Mo Date signed 1/25/44

1034 (Licensed Embalmer's Statement on Reverse Side)

FEB 21 1944

FEB 16 1944

FEB 18 1944

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 Maurice Bryden Hoff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.