

FILED MAR 10 1944  
Registration District No. 1944

Primary Registration District No. 5916

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

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Rural, Argue Homestead  
(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 \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Perry

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

(d) Street No. Biehle, R.S.D. #1  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Schwein

3. (b) If veteran, name \_\_\_\_\_

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 29th  
year 1944 hour 7:30 minute A. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Catherine Jones

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased: Feb. 14 1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 15 1940 to Feb 29 1944  
that I last saw him alive on Feb 28 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral apoplexy. Duration 3 days

8. AGE: Years 74 Months 0 Days 15 hr. \_\_\_\_\_ min. \_\_\_\_\_  
If less than one day

Due to Hypertension 5 yrs

Due to Arteriosclerosis - general 6 yrs

9. Birthplace Perry County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Andrew Schwein

13. Birthplace Unknown 9

14. Maiden name Catherine Lohman 9

15. Birthplace Unknown 9

Major findings: 83a

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Catherine Schwein

(b) Address Biehle, R.S.D. #1

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof March 2, 1944  
(City, town, or county) (Month) (Day) (Year)

(c) Place: burial Catholic Cem. Schmalzsch, Mo.

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Ben General None

(b) Address Perryville, Mo.

19. (a) 3-2-1944 Thos. G. Oldy  
(Date received local registrar) (Registrar's signature)

23. Signature Oscai A. Carron (M. D. minor)  
Address Perryville, Mo. Date signed 3-1-44

RECEIVED

District Health Officer No. 4  
District File Number 344-3562  
Date Filed 3-9-44

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.....

Licensed Embalmer No. 3866

P. O. Address Perryville, 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.