

FILED MAR 3 1944

Registration District No. 290

Primary Registration District No. 5984

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Rural (Liberty Township)
(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 3 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
(c) City or town Rural (Liberty Township)
(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 Augustus Charter Schoonover

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harriet Schoonover 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Nov 22, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 2 26 hr. min.

9. Birthplace W. Va.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Marschiel Schoonover

13. Birthplace W. Va.
(City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace W. Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Marshall Schoonover

(b) Address Richland, Mo. R.F.D.

17. (a) burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Berean Cem

18. (a) Signature of funeral director J. L. HOOPS & SONS

(b) Address Crocker, Mo.

19. (a) Feb 23-1944 (b) Ghorm Dodd
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18
year 1944 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from November 1943 to January 21, 1944
that I last saw him alive on January 27, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac De-compensation Complicated with Chronic nephritis

Due to _____

Due to _____

Other conditions _____
(include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

1318

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?
(Specify type of place) _____

While at work? _____ (e) Means of injury 2

23. Signature R.O. Dewitt (M. D. or other) D.O.

Address Waynesville, Mo. Date signed 2-20-44

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

1170

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.....

Paul B. Hoops

Licensed Embalmer No.....

3261

P. O. Address.....

Wagnersville, 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..