

No. 2  
-5-43  
5-17-39  
X36671

State File No. ....

FILED MAY 11 1944  
Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 315

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1714 Charles St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 65 years.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1714 Charles St.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Elizabeth Schellhorn

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

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

6. (b) Name of husband or wife Peter J Schellhorn 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 20 1871  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>0</u>	<u>4</u>	hr. _____ min.

9. Birthplace Mankato, Minnesota  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

12. Name Wilhelm Roehl

13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Mary C. Bates

15. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Gertrude Schellhorn

(b) Address 1714 Charles St.

17. (a) Burial (b) Date thereof 3 28 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Norman W. Sedgewick

(b) Address 1802 Union St.

19. (a) 3-28-44 (b) Rose Heitzoy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24  
year 1944 hour 4 minute 00 A.M.

21. I hereby certify that I attended the deceased from Aug. 13 1943 to March 16 1944  
that I last saw her alive on March 16 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration 2 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions anemia  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 \_\_\_\_\_

23. Signature Frank H. Hagedorn (M. D. or other)  
Address 706 Spencer Date signed 3/27/44

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

1239

St Joseph Mo

**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.....

*Robert H Reed*

Licensed Embalmer No.....

*3745*

P. O. Address.....

*St Joseph 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.**