S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 25 1944

Registration District No. 739

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14780

Primary Registration District No. 5536

Registrar's No. 37

1. PLACE OF DEATH:

(a) County: Holt

(b) City or town: Oregon Lewis Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Not (Specify whether)
In this community: 17 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Holt

(c) City or town: Oregon Rural #2
(If outside city or town limits, write "RURAL")

(d) Street No.: 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: John Carl Schulte

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: December (Month) 1 (Day) 1883 (Year)

8. AGE: Years 60 Months 4 Days 7 If less than one day hr. min.

9. Birthplace: Oregon (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Retired Farmer

11. Industry or business:

FATHER
12. Name: Philip Schulte
13. Birthplace: Fieglow (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Anna Hoffman
15. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Osmer Schulte
(b) Address: 2516 So. 17th. St. St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/10/1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cemetery

18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 1302 Faraon St., St. Joseph, Missouri

19. (a) 4-10-44 (Date received local registrar) (b) Pauline Dawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Apr 8 day: year: 1944 hour: 9 minute: P M.

21. I hereby certify that I attended the deceased from Apr 7, 1944 to Apr 8, 1944 that I last saw him alive on Apr 8, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocarditis — Duration: 24 hrs.

Due to:

Due to:

Other conditions: Edema — Week
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 930
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: John H. Handley (M. D. or other)
Address: Oregon, Mo. Date signed: 4-8-44

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(Licensed Embalmer's Statement on Reverse Side)

MAY 2 1946

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 Albert R. Harrington

Licensed Embalmer No. 3258 Mo.

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.