

FILED JUN 8 1944

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 163

1. PLACE OF DEATH:

(a) County Pittsburg

(b) City or town Madalia Mo
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 7 weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pittsburg

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Charles Wesley Schondelmaier

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr 16 day Apr
year 1944 hour 6 minute 0 M.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced W 2

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

7. Birth date of deceased April 7 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 1 1944 to Apr 16 1944
that I last saw him alive on Apr 16 and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 0 Days 9 If less than one day _____ hr. _____ min.

Immediate cause of death coronary embolism

Due to Endocarditis

9. Birthplace _____ (City, town, or county) Ohio (State or foreign country)

Due to _____

Other conditions (Include pregnancy within 3 months of death) 92d

10. Usual occupation farmer

11. Industry or business _____

12. Name Fredrich Schondelmaier

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

14. Maiden name Barnwell

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

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant Mrs. Phyllis Harris

(b) Address Honestonia Mo

17. (a) Burial (b) Date thereof April 18 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Honestonia

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? _____

18. (a) Signature of funeral director Miss [unclear]

(b) Address Honestonia

19. (a) May-11-44 (b) Mrs Anna Beyer
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature M. P. Shy (M. D. or other) _____
Address Madalia Mo Date signed 4-17-44

1022

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

80
6
4

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-7-47

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 *H. H. Smiley*
Licensed Embalmer No. *3987*
P. O. Address *Houstonia*

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.