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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 24 1944

Registration District No. 2 3 7

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5881

State File No. 25354

Registrar's No.

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

76
0
0

**1. PLACE OF DEATH:**

(a) County Osage

(b) City or town Belle, Mo. RFD (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 years, months or days) In this community All Life

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Osage 76

(c) City or town Belle, Mo. RFD (If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

**3. (a) PRINT FULL NAME** Leslie Fritz Schultz

3. (b) If veteran, name war

3. (c) Social Security No. 487-18-4748

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased May 26, 1920 (Month) (Day) (Year)

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 24 | 0 | 24 | hr. min. |

9. Birthplace Belle, Mo. RFD (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name J. G. Schultz
13. Birthplace Belle, Mo. RFD (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Flora Francis
15. Birthplace Belle, MO. RFD (City, town, or county) 0 (State or foreign country)

16. (a) Informant J. G. Schultz

(b) Address Belle, Mo. Rd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/44 (Month) (Day) (Year)

(c) Place: burial or cremation Francis Cemetery

18. (a) Signature of funeral director Morton Funeral Home

(b) Address Linn, MO.

19. (a) June 22/44 (Date received local registrar) (b) T. A. Dubrouillet (Registrar's signature)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month June day 20 year 1944 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death As a result of gun-shot wound-self-inflicted

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 164C

Major findings:
Of operations

Of autopsy

Duration

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) Suicide

(b) Date of occurrence June 20, 1944

(c) Where did injury occur? his home (City or town) Osage (County), Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? his home (Specify type of place)

While at work? (e) Means of injury Shot-gun wound into mouth

23. Signature W. W. Waldman (M. D. or other) County Coroner

Address Westphalia, Mo. Date signed 6/20/44.

1286 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 7-22-44

## 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 Vernon Morton

Licensed Embalmer No. 4125

P. O. Address Lenn

**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.**