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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27366

State File No.

FILED SEP 13 1944

Registration District No. Primary Registration District No. 4061 Registrar's No. 38

1. PLACE OF DEATH:
(a) County Caldwell
(b) City or town Braymer
(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 1 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Caldwell
(c) City or town Braymer "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. Davis Township
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROY WILLIAM SCHULTZ
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race wh
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Alice R. Schultz
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased February 17 1887 (Month) (Day) (Year)
8. AGE: Years 57 Months 6 Days 5 If less than one day hr. min.
9. Birthplace Braymer (City, town, or county) Mo. (State or foreign country)
10. Usual occupation farmer
11. Industry or business
MOTHER FATHER
12. Name John A. Schultz
13. Birthplace Canada (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Friedman
15. Birthplace U.S.A. (City, town, or county) Wisconsin (State or foreign country)
16. (a) Informant Mrs. Roy Schultz
(b) Address Braymer Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 24-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Shiner Cemetery
18. (a) Signature of funeral director Bernard Mead
(b) Address Braymer, Mo
19. (a) 8/23/44 (Date received local registrar) (b) E. A. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22 year 1944 hour 3 minute 40 A.M.
21. I hereby certify that I attended the deceased from June 30-44 Aug 8, 1944, to Aug 22, 1944 that I last saw him alive on Aug 21, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Senile Cerebral arterio sclerosis pay coas — Duration
Due to Not Known
Due to Not Sure
Due to
Other conditions None
(Include pregnancy within 3 months of death)
Major findings: Henry H Patterson
Of operations
Of autopsy None

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 Henry H Patterson (M. D. or other)
Address Braymer Mo Date signed 8/23-44

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(Licensed Embalmer's Statement on Reverse Side)

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 Bernard F. Mead

Licensed Embalmer No. 2801

P. O. Address Braymer

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.