

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27981

State File No. _____

FILED SEP 10 1944

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 105

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Jackson County E.A. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 49 days
(Specify whether years, months or days)

In this community 42 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No. 1308 W. Lexington 4
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME John Henry Schweers

3. (b) If veteran, name war. ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day first
year 1944 hour 19 minute 45 P.M.

21. I hereby certify that I attended the deceased from
June 12, 1944, to Aug 1, 1944
that I last saw him alive on Aug 1, 1944
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or face W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased October 24th 1879
(Month) (Day) (Year)

Immediate cause of death Apothely Duration _____

8. AGE: Years Months Days If less than one day

64 9 7 hr. _____ min.

9. Birthplace Burlington Iowa 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Standard Oil

11. Industry or business Standard Oil Co.

12. Name William Schweers 4

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Johanna Kato

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henry Herdickson

(b) Address 300 W. 4th Indep. Mo.

17. (a) Burial (b) Date there 8/4/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Zion

18. (a) Signature of funeral director Coland R. Speaks

(b) Address Independence Mo.

19. (a) Aug 4, 1944 (b) J. M. Schickel
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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? _____

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

23. Signature F. H. Tuttle (M. D. or other) MD

Address Blue Springs Mo. Date signed Aug 4

8301

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

18
00

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 *Roland R. Speaks*

Licensed Embalmer No. 3604

P. O. Address Independence

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.