S. No. 2
M—2-43
5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 6 1944

STATE BOARD OF HEALTH OF MISSOURI.

STANDARD CERTIFICATE OF DEATH

29030

State File No.

Registration District No. 368 Primary Registration District No. 6248 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Richwoods
(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 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Nancy Helena Schnitzius

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

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 10 (Month) 28 (Day) 1889 (Year)

8. AGE: Years 54 Months 10 Days 29 If less than one day hr. min.

9. Birthplace Richwoods (City, town, or county) 0 (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business

FATHER
12. Name Julius Schnitzius
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Penelope Asplin
15. Birthplace Richwoods (City, town, or county) Mo (State or foreign country)

16. (a) Informant Pearl Schnitzius
(b) Address Richwoods Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Richwoods Mo

18. (a) Signature of funeral director [illegible]
(b) Address St Clair Mo

19. (a) 8/29 1944 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27 year 1944 hour 3 minute 40 P M.

21. I hereby certify that I attended the deceased from Feb, 1942, to Aug, 1944, that I last saw him alive on Aug 27, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Bowel

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

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)

(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 O. W. Parker (M. D. or other)

Address Richwoods Date signed 8-29

1357

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 4
District File Number 944-4234
Date Filed 9-5-44

DEC 11 1951

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 Jno L Thielen

Licensed Embalmer No. 3208

P. O. Address Pacific 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.