

5. No. 2
4-542
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41238

FILED JAN 4 1945
Registration District No. 32613

Primary Registration District No. 4796 4202 Registrar's No. 87

1. PLACE OF DEATH:

(a) County Sturdy
(b) City or town Spickard
(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) 1
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Sturdy 40
(c) City or town Spickard
(If outside city or town limits, write "RURAL") 5
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26
year 1944 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from November
18 1944, to Nov. 26 1944
that I last saw her alive on Nov. 19 1944
and that death occurred on the date and hour stated above.

Immediate cause of death coronary thrombosis
Duration 9 weeks
by my
knowledge
Due to ✓
Due to ✓
Other conditions (Include pregnancy within 3 months of death) 94

PHYSICIAN

Major findings:
Of operations ✓
Of autopsy _____
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?
While at work? _____ (Specify type of place) (e) Means of injury ○

23. Signature C. L. McClambert (M. D. or other) M.D.
Address Spickard Mo. Date signed Nov 28, 1944

3. (a) PRINT FULL NAME Hannah Etta Schooler's
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 3 1859
(Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 23 If less than one day hr. min.

9. Birthplace Mercer Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Thomas Osborne
13. Birthplace Ill
(City, town, or county) (State or foreign country)
14. Maiden name Estaline Martin
15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Gillon Schooler
(b) Address Spickard Mo.

17. (a) Burial (b) Date thereof Nov 28 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mercer Co. Spickard Mo.

18. (a) Signature of funeral director Schooler's funeral Home
(b) Address Spickard Mo.

19. (a) 11-28-44 (b) John K. K...
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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 Ross Wise

Licensed Embalmer No. 3771

P. O. Address Spickard 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.

Registration District No. 131

Primary Registration District No. 4202

Registrar's No. 47

1. PLACE OF DEATH:
 (a) County Grundy
 (b) City or town Spickard
 (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 _____)

In this community _____ years, months or days)
 3. (a) PRINT FULL NAME Herman E. Schaubert
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race N 6. (a) Single, widowed, married, divorced W
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Dec 3 (Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days _____ If less than one day _____ min.
 9. Birthplace: _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation Scholarship
 11. Industry or business _____
 12. Name _____
 13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____ (b) Address _____
 17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
 (c) Place: burial or cremation _____
 18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) John K. Feuch (Registrar's signature)
 (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____ (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 _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Mar day 26 year 1944 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
 that I last saw him _____ alive on _____ 19____
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Duration _____
 Due to _____
 Due to _____
 Other conditions _____ (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____
 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?
 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other)
 Address _____ Date signed _____

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

SUPPLEMENTARY

