

No. 2
5-17-39
X 36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 10 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9365**

Registration District No. **53**

Primary Registration District No. **5199**

Registrar's No. **30**

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

1. PLACE OF DEATH:
 (a) County **Carroll**
 (b) City or town **Tina, Missouri. RFD Van Horn**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home 1 1/2 M. NE Vanhorn Church
(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 ~~49 years~~ **49 years**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri.** (b) County **Carroll**
 (c) City or town **Bogard, RFD 17**
(If outside city or town limits, write "RURAL")
Rural.
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country **XX**

3. (a) PRINT FULL NAME **NELLIE EDITH Schanz.**
3. (b) If veteran, name war _____
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **MARCH** day **23**
 year **1945** hour **12 A.M.** minute _____ M.
21. I hereby certify that I attended the deceased from **MARCH 16**
 _____, 19 **45** to **MARCH 23**, 19 **45**;
 that I last saw her alive on **MARCH 23**, 19 **45**;
 and that death occurred on the date and hour stated above.

4. Sex **F** **5. Color or race** **W**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **John Schanz,**
 alive _____ years
6. (c) Age of husband or wife if **15th, 1868**
 (Month) (Day) (Year)

Immediate cause of death
Hemorrhage of Gastric Ulcer
 Due to **Gastric Ulcer**
 Due to **Chronic Infection of Gall Bladder & Ulcer**
 Other conditions **Colitis**
(Include pregnancy within 3 months of death)

8. AGE: Years **76** Months **8** Days **8**
 If less than one day _____ hr. _____ min.

Other conditions _____
 Major findings:
 Of operations _____
 Of autopsy **Ulcer in greater Curve. Large baggy gall Bladder - MANY Adhesions.**

9. Birthplace **Tazewell County, Illinois.**
(City, town, or county) (State or foreign country)

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? _____

10. Usual occupation **Housewife.**

11. Industry or business _____

MOTHER FATHER
12. Name **Samuel Edward Willard,**
13. Birthplace **Frederick Co. Maryland.**
(City, town, or county) (State or foreign country)
14. Maiden name **Sybilla Hendel Eby.**
15. Birthplace **Carlisle, Penn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Mae Schanz,**
 (b) Address **Bogard, Mo.**

17. (a) Burial (b) Date thereof **March 25, 45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Vanhorn Cem.**

18. (a) Signature of funeral director **Clifford W. Austin,**
 (b) Address **Tina, Missouri.**

19. (a) 3-25-45 (b) **Mrs. James Rafferty**
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (e) Means of injury.
23. Signature **Dr. R. W. Matheny** (M. D. or other) **Do**
 Address **Tina, Missouri** Date signed **3-24-45**

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1/7/45

FEB 2 1954

FEB 3 1954

FEB

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

Clifford W. Austin
Clifford W. Austin

Licensed Embalmer No. 3233

P. O. Address Tina, Missouri

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.