

No. 2  
8-43  
1-17-39  
X37823

FILED APR 10 1945

State File No. ....

Registration District No. 64

Primary Registration District No. 5243

Registrar's No. 23

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

1. PLACE OF DEATH:

(a) County CHARITON

(b) City or town Chariton Twp. RURAL  
(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 64 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton

(c) City or town Rural Chariton Twp.  
(If outside city or town limits, write "RURAL")

(d) Street No. 9 miles N.W. of Glasgow  
(If rural, give location)

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

If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME JOSEPH BERNARD SCHUTTE

3. (b) If veteran, name war: \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28  
year 1945 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1942  
19\_\_\_\_ to August 1944

that I last saw him alive on August 1944  
and that death occurred on the date and hour stated above.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife JOSEPHINE TEBBE

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased JUNE 29 1856  
(Month) (Day) (Year)

Immediate cause of death UREMIA  
Due to Prostatic Disease  
causing a Retention of Urine

Due to \_\_\_\_\_

Due to \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>8</u>	<u>29</u>	hr. <u>0</u> min.

9. Birthplace Hamilton Ohio  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy 135h

10. Usual occupation Farmer

11. Industry or business His Farm

12. Name George Schutte

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

14. Maiden name Mary Ann Segert

15. Birthplace Germany  
(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? \_\_\_\_\_

16. (a) Informant Vincent Schutte

(b) Address Dalton Mo.

17. (a) Burial (b) Date thereof Apr. 3, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glasgow Mo.

(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. E. Homb (M.D. or other) DO

Address Glasgow, Mo. Date signed 4-3-45

18. (a) Signature of funeral director W. H. Frymuth

(b) Address Glasgow Mo.

19. (a) 7/5/45 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

1023

RECEIVED

District Health Office No. 8.

District File No. \_\_\_\_\_

Date Filed 4/9/45

MAY 5 1945

APR 17 1945

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

*J. Walker Audsley*

Licensed Embalmer No. 3336

P. O. Address Glasgow 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.