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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 14 1945

State File No. 24573

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 120

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hosp (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 wks 4 Days (Specify whether years, months or days)
In this community 6 wks. 4 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison 3
(c) City or town Fairfax 0 (If outside city or town limits, write "RURAL")
(d) Street No. ✓ 0 (If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No) 1
If yes, name country ✓

3. (a) PRINT FULL NAME ZENNAH LEE SCHOOLER
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~~ Widow
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased January (Month) 15 (Day) 1875 (Year)

8. AGE: Years 70 Months 6 Days 15 If less than one day ___ hr. ___ min.

9. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name Merriweather Harris
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Emma Susan Maupin
15. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)
16. (a) Informant Mrs Harvey H. Schooler
(b) Address Fairfax, Missouri
17. (a) Removal + Burial (Burial, cremation, or removal) (b) Date thereof Aug 2, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Fairfax Missouri
18. (a) Signature of funeral director Marvin H. Schooler
(b) Address Fairfax Missouri
19. (a) 8-2"-45 (Date received local registrar) (b) Guy Barker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1945 hour 7 minute 55 p.M.
21. I hereby certify that I attended the deceased from ___, 19___, to July 30, 1945; that I last saw her alive on July 30, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute coronary occulsion	2 hr.
Due to chronic myocarditis and aortic aneurism;	
Due to arteriosclerosis	
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature H. C. Baumann (M. D. or other) MD
Address Fairfax Date signed 7/31/45

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(Licensed Embalmer's Statement on Reverse Side)

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 Marvin N. Schooler

Licensed Embalmer No. 4162

P. O. Address Fairfax, 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.