

S. No. 2
M-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

33799

STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 28 1945

Registration District No.

Primary Registration District No. 5466

Registrar's No. 862

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Rural of S. Campbell Twp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
RFD# 9, Springfield
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
(c) City or town **Springfield (RURAL)**
(If outside city or town limits, write "RURAL")
(d) Street No. **RFD# 9**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **JOHN H. SCHWEITZER**

3. (b) If veteran, name war **UNK.** 3. (c) Social Security No. **UNK.**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Myrtle Schweitzer** 6. (c) Age of husband or wife if alive **UNK.** years

7. Birth date of deceased **January 17, 1882**
(Month) (Day) (Year)

8. AGE: Years **63** Months **9** Days **7** If less than one day hr. min.

9. Birthplace **Greene County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Fruit Grower**

11. Industry or business

12. Name **J. C. Schweitzer**

13. Birthplace **Unknown Canada**
(City, town, or county) (State or foreign country)

14. Maiden name **Carolyn S. Scheible**

15. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Marjorie Rice**

(b) Address **RFD# 9, Springfield, Mo.**

17. (a) **Burial** (b) Date thereof **10/28/1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hagelwood Cemetery**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**

(b) Address **534 St. Louis Street, Springfield, Mo.**

19. (a) **10-26-45** (b) **W. H. Harshey**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **24** year **1945** hour **12 noon** M.

21. I hereby certify that I attended the deceased from **no physician's attendance** to **no physician's attendance** 19.....; that I last saw **no** alive on..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death **Smearle by firearm**
Due to **Shot self in head**

Due to.....
Other conditions (include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

Duration
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) **Smearle**
(b) Date of occurrence **Oct 24, 1945**
(c) Where did injury occur? **Greene Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On farm (Specify type of place)
While at work? **No** (e) Means of injury **Shot gun**

23. Signature **W. H. Harshey** (M. D. or other)
Address **Springfield, Mo** Date signed **10-24-45**

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

MOTHER FATHER

JUN 18 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..... *C. A. Rawb*

Licensed Embalmer No. *3044*

P. O. Address *J. Springfield, N. C.*

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.