

S. No. 2
DOM-2-43
v. 5-17-39
I X35697

36374

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 147

Primary Registration District No. 1002

Registrar's No. 4953

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town JACKSON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: WAKESIDE HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 DAYS
(Specify whether years, months or days)

In this community 40 YEARS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town JACKSON
(If outside city or town limits, write "RURAL")

(d) Street No. 5529 HOLMES
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOSEPH H. WESTLEY SCHLAEGEL

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30 1945
year 1945 hour 1 minute 25 A.M.

21. I hereby certify that I attended the deceased from Nov 28, 1945, to Nov 30, 1945, 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 PEARL W. SCHLAEGEL 6. (c) Age of husband or wife if alive OVER 20 years

7. Birth date of deceased JUNE 13 1886
(Month) (Day) (Year)

Immediate cause of death (with pneumonia) Acute glomerulonephritis Duration 3 days

Chronic myocarditis 15 yrb.?

Due to influenza 6 days

Chronic prostatitis 15 yrb.

Due to (non-malignant O.T.D.)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>5</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace SHERBY COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation SPECIAL CLERK

11. Industry or business POST OFFICE - RETIRED

12. Name JOHN L. SCHLAEGEL

13. Birthplace MEIGS COUNTY OHIO
(City, town, or county) (State or foreign country)

14. Maiden name EMMA E. BAUTZ

15. Birthplace MEIGS COUNTY OHIO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pearl Schlaegel

(b) Address 5529 Holmes Street

17. (a) Burial (b) Date thereof Dec 1, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEGAL HILLS CEM

18. (a) Signature of funeral director D. H. Newcomer

(b) Address 1401 Brush Creek Blvd.

19. (a) 12-1-45 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: 93 d

Of operations _____

Of autopsy none performed

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) no

(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 _____

23. Signature A. M. Price (M.D. or other) DO

Address 1119 Washington Date signed 11/30/45

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

48
3
8

1946 Washington

APR 15 1946

APR 22 1946

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: *Emile M. Calhoun*

Licensed Embalmer No. *3506*

P. O. Address *N C 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.