

FILED DEC 12 1945

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 367

1. PLACE OF DEATH:

(a) County Callaway  
(b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
State Hosp No 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 yrs 7 mos 7 no today  
(Specify whether years, months or days) 10 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pelliss 14  
(c) City or town Pedalia Mo  
(If outside city or town limits, write "RURAL") 2  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME James Schultz

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years  
7. Birth date of deceased. Nov 17 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 6 8 hr. min.

9. Birthplace Ottawille Mo 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business

MOTHER FATHER { 12. Name Albert Schultz Mo 0  
13. Birthplace (City, town, or county) (State or foreign country)  
14. Maiden name Amelia Spauld  
15. Birthplace (City, town, or county) (State or foreign country) Mo 4

16. (a) Informant Raymond Schultz

(b) Address Pedalia Mo

17. (a) Removal (b) Date thereof 11-27-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Ottawille Mo

18. (a) Signature of funeral director James J. Wick  
(b) Address Fulton Mo

19. (a) 1-27-45 (b) Joak Morant  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25 th  
year 1945 hour 5 minute 10 P. M.

21. I hereby certify that I attended the deceased from Nov 1  
1945 to Nov 25 1945  
that I last saw him alive on Nov 25 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia Duration

Due to Generalized Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 101

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?

While at work? (Specify type of place) (e) Means of injury

Signature Forest Thomas (M. D. or other)  
Address Fulton Mo Date signed 11/25/45

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

14  
1  
2

MOTHER FATHER

114

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 12-11-45

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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 me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Junece E. Richards

Licensed Embalmer No. 2466

P. O. Address Juptar 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.