

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40697**

FILED JAN 12 1946
Registration District No. **5143**

Primary Registration District No. **5143**

Registrar's No. **376**

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Rural Route #4
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Twp. 1
(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) 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler **12**
(c) City or town Rural Poplar Bluff Route #4 **0**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. **0**
(If rural, give location) **0**
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME JOSEPH A. SCHISLER

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

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

7. Birth date of deceased February 19th, 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 10 8 hr. min.

9. Birthplace Posie Co. Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business F arm

MOTHER FATHER { 12. Name Henry Schisler

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

14. Maiden name Mary Ann Unknown

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Schisler
(b) Address Poplar Bluff, Missouri

17. (a) Burial (b) Date thereof 12-29-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Frank Cotrell Chapel

(b) Address Poplar Bluff, Missouri

19. (a) 12/29/45 (b) Ed Muehle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27th
year 1945 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration

Due to.....

Due to.....

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?

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

23. Signature Woodward (M. D. or D. O.)

Address Poplar Bluff, Mo Date signed 12-29-45

1722

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

RECEIVED

District Health Office No. 2

District File Number 146-78

Date Filed 1-10-46

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 Howard Rodgers.....

Licensed Embalmer No. 4386.....

P. O. Address Poplar Bluff 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.