

FILED JAN 8 1946

Registration District No. **142**

Primary Registration District No. **5337**

Registrar's No. **29**

**1. PLACE OF DEATH:**  
 (a) County **Howell**  
 (b) City or town **"Rural" Sisson Twp.**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Residence**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **4 years.**  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Howell** **4**  
 (c) City or town **"Rural" Sisson Twp.**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **West Plains, Mo., Rt. 3**  
(If rural, give location)  
 (e) Citizen of foreign country? **No.** (Yes or No)  
 If yes, name country.....

**3. (a) PRINT FULL NAME** **PATSY ANN SCHWARZ**  
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **December** day **18,**  
 year **1945** hour **6:** minute **30 a.m.**

4. Sex **female** 5. Color or race **white**  
 6. (a) Single, widowed, married, divorced **child**  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive **29** years  
 7. Birth date of deceased **May 29, 1941**  
(Month) (Day) (Year)

**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.

**8. AGE:** Years **4** Months **6** Days **19** If less than one day  
 hr. min.

Inflammaton cause of death **Inflammaton of stomach**  
 Duration **Less than one day.**

**9. Birthplace** **West Plains, Missouri**  
(City, town, or county) (State or foreign country)

Due to.....  
 Due to.....

**10. Usual occupation** **none**

Other conditions **118'3**  
(Include pregnancy within 3 months of death)

**11. Industry or business**  
**12. Name** **Wm. J. Schwarz**  
**13. Birthplace** **Willow Springs, Missouri**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Julia May Hunter**  
**15. Birthplace** **Licking, Missouri**  
(City, town, or county) (State or foreign country)

Major findings: **118'3**  
 Of operations.....  
 Of autopsy **none performed**

**16. (a) Informant** **Wm. J. Schwarz**  
**(b) Address** **West Plains, Mo. Rt. 3**  
**17. (a) Burial** **(b) Date thereof** **Dec. 23, 1945**  
(Burial, procession, or removal) (Month) (Day) (Year)  
**Dripping Springs Cem. Howell Co.,**  
**(c) Place: burial or cremation**

**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)

**18. (a) Signature of funeral director** **Hal Thourburgh**  
**(b) Address** **West Plains, Mo.**  
**19. (a) Dec. 29** **(b) Laura Mitchell**  
(Date received local registrar) (Registrar's signature)

While at work?..... Mean of injury.....  
**23. Signature** **Wayne C. Kornburger** Coroner  
**Address** **West Plains, Mo.** Date signed **12/19/45**

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

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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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed Hal Thonburgh

Licensed Embalmer No. 3400

P. O. Address West Plains, 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.**