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FILED JAN 14 1946

State File No. _____

Registration District No. 243

Primary Registration District No. 4364

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Newton

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

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

(d) Length of stay: In hospital or institution 12 hours
(Specify whether years, months or days)

In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence ⁵⁵

(c) City or town Pierce City ⁴
(If outside city or town limits, write "RURAL")

(d) Street No. East Commercial ⁰
(If rural, give location) ¹

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Clara Valeria Schultz

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21
year 1945 hour 4:14 minute - M.

21. I hereby certify that I attended the deceased from Nov 26
1945 to Nov 29, 1945;

that I last saw h. aw alive on Nov 29, 1945;
and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank Schultz 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased April 22 1898
(Month) (Day) (Year)

Immediate cause of death
Emphysema of gallbladder ^{3 days}

Duration _____

8. AGE: Years 57 Months 7 Days 7 If less than one day hr. _____ min. _____

Due to Gallstones

Due to _____

9. Birthplace Barry County Mo
(City, town, or county) (State or foreign country)

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

10. Usual occupation Housewife

11. Industry or business _____

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Adam Frechencki

13. Birthplace Poland ⁴
(City, town, or county) (State or foreign country)

14. Maiden name M. Melcheski

15. Birthplace Poland ⁴
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Victor Strick - Son

(b) Address Pierce City Mo

17. (a) Rural (b) Date thereof Dec 3 '45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or disposition St. German Cemetery

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature J. H. Rungardine (M. D. or other) D. O.
Address P. C. Mo Date signed Dec 2

18. (a) Signature of funeral director Principis

(b) Address Pierce City Mo

19. (a) Jan. 9-1946 (b) Orb Tanner by Mrs
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. ~~XXXXXXXXXX~~

District File Number 1245-203

Date Filed 1/9/46

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed

Walter J. Hummer

Licensed Embalmer No.

38212

P. O. Address

St. Louis, 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.