S. No. 2
M—5-43
. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42103

FILED JAN 29 1946

Registration District No. Primary Registration District No. 3052 Registrar's No. 354

1. PLACE OF DEATH:

(a) County: Pettis

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

(c) Name of hospital or institution: Bothwell Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ½ hour (Specify whether years, months or days)

In this community 11 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pettis 80

(c) City or town: Sedalia 6
(If outside city or town limits, write "RURAL")

(d) Street No.: 2nd & Dundee 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME: John Antone Schreck

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

4. Sex: Male 0 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Margaret Schreck 6. (c) Age of husband or wife if alive: 72 years

7. Birth date of deceased: November (Month) 22 (Day) 1874 (Year)

8. AGE: Years 71 Months 0 Days 16 If less than one day hr. min.

9. Birthplace: Tipton (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Gardner

11. Industry or business:

FATHER 12. Name: Otto Schreck

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

MOTHER 14. Maiden name: Katherine

15. Birthplace: (City, town, or county) (State or foreign country) 9

16. (a) Informant: Mrs. Margaret Schreck

(b) Address: 2nd & Dundee, Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 12, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: McLaughlin Bros.

(b) Address: Sedalia, Missouri

19. (a) 12-28-45 (Date received local registrar) (b) A. J. Campbell (Registrar's signature)

1486 (Licensed Embalmer's Statement on Reverse Side) Sedalia, Mo.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8 year 1945 hour 8:20 minute P. M.

21. I hereby certify that I ~~attended~~ viewed as coroner the deceased from 12/8/, 1945, to, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Int. Hemorrhage Shock	
Due to: Int. Injuries, multiple, Fractures of Left Leg & Left Hip	
Due to: motor cycle wreck	
Other conditions (Include pregnancy within 3 months of death)	

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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): accident

(b) Date of occurrence: 12/8/45 152

(c) Where did injury occur? Sedalia (City or town) Pettis (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place – West Main St. (Specify type of place)

While at work? (e) Means of injury: motor cycle wreck

23. Signature: Dr. H. L. Bothwell Coroner (M. D. or other) D.O.

Address: 329 Ilgenfritz Bldg. Date signed: 12-9-45

Date Filed

RECEIVED
District Health Officer No. 8,

District File Number

Date Filed 1-8-46

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 K P McCrary

Licensed Embalmer No. 3158

P. O. Address Sedalia 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.

No. 2B
1—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Jan

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 354

1. PLACE OF DEATH:

(a) County Pettis

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME John A. Schreck

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov 22, 1874
(Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 16 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month day
year hour minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to was a pedestrain & was hit by the motorcycle

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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? Sedalia (City or town) Pettis (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
West Main St. Sedalia, Mo
(Specify type of place)

While at work? (e) Means of injury

23. Signature Dr. H. L. Hobbs (M. D. or other)
Address 329 Ily. Bldg. Sedalia, Mo Date signed

42103