

No. 2  
-8-43  
5-17-39  
X37823

**FILED** JAN 30 1946  
Registration District No. 337

Primary Registration District No. 4499

1. PLACE OF DEATH:  
 (a) County Shelby county  
 (b) City or town Shelbina, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: None /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community Entire life years, months or days)

3. (a) PRINT FULL NAME Frank Schwieter  
 3. (b) If veteran, name war X  
 3. (c) Social Security No. X

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Lillie Schwieter 6. (c) Age of husband or wife if alive 58 years  
 7. Birth date of deceased June 20th, 1879  
(Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 4 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

MOTHER, FATHER {  
 12. Name Charles M. Schwieter  
 13. Birthplace Germany  
 14. Maiden name Johanna Messmer  
 15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank Schwieter  
 (b) Address Shelbina, Missouri

17. (a) Burial (b) Date thereof 12-26-1945  
(Burial, cremation, etc.) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbina, Missouri

18. (a) Signature of funeral director Million & Barkeley  
 (b) Address Shelbina, Missouri

19. (a) 1-25-46 (b) Ruth Joeger  
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Shelby 102  
 (c) City or town Shelbina 2  
(If outside city or town limits, write "RURAL.")  
 (d) Street No. \_\_\_\_\_ (If rural, give location) 0  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, day 23  
 year 1945 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec. 22  
 \_\_\_\_\_, 1945, to Dec. 24, 1945;  
 that I last saw him alive on Dec. 23, 1945;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 days  
 Due to High blood pressure 2 yrs.  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations gzw  
 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)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature R. L. Caldwell (M. D. or other) \_\_\_\_\_  
 Address Shelbina, Mo Date signed Dec. 28/45

100903  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 1-46-245

Date Filed JAN-28-1946

**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: W. Hawkins  
Licensed Embalmer No. 3498  
P. O. Address: Shelburne, 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.**