

FILED MAR 18 1946
Registration District No. **278**

Primary Registration District No. **3054**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **PIKE**
(b) City or town **LOUISIANA**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
PIKE Co. HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 DR.**
In this community _____
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Pike 82**
(c) City or town **Curryville**
(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 **GLENDEL WAYNE SCHUTZ**

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

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **FEB. 13 1946**
(Month) (Day) (Year)

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

9. Birthplace **PIKE Co MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **NONE**

11. Industry or business **NONE**

MOTHER FATHER { 12. Name **UNKNOWN**
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name **LUCY LOU SCHUTZ**
15. Birthplace **NEW BLOOMFIELD MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **Cecil Letha Schutz**
(b) Address **Curryville Mo**

17. (a) **BURIAL** (b) Date thereof **FEB 17 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CURRYVILLE CEMETRY**

18. (a) Signature of funeral director **W. B. Waters**

(b) Address **Vandalia Mo**

19. (a) **2-17-46** (b) **Margaret L. Stephens**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **17**
year **1946** hour **5** minute **P.** M.

21. I hereby certify that I attended the deceased from **2/14** 19**46** to **2/17** 19**46**
that I last saw ~~him~~ alive on **2/17** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **3 days**
Due to **Trauma**
Due to **Birth - prolonged 2nd stage 5 1/2 hrs.**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy **1600**
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 **Thos L. Sugen, M.D.**
Address **Vandalia Mo** Date signed **2/19/46**

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

2
2
1

9399

RECEIVED

District Health Officer No. 10

District File Number 2-46-539

Date Filed MAR 16 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 William B. Staters

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.