

FILED MAR 27 1946

State File No. \_\_\_\_\_

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Moberly  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 408 Dorse  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community yes years, months or days)

3. (a) PRINT FULL NAME CISCO SCHOOLING

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

4. Sex Male 5. Color or race col 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Daisy Schooling 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Sept 15 1889  
(Month) (Day) (Year)

8. AGE: Years 56 Months 5 Days 8 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Laborer

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

12. Name Lewis Schooling

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

14. Maiden name Blair Edwards

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

16. (a) Informant Daisy Schooling

(b) Address 408 Dorse St

17. (a) Burial (b) Date thereof 2-27-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation publicly

18. (a) Signature of funeral director L. L. Carr

(b) Address Moberly MO

19. (a) Feb 27-46 (b) W. L. Williams  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Randolph  
(c) City or town Moberly MO  
(If outside city or town limits, write "RURAL")  
(d) Street No. 408 Dorse St  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23  
year 1946 hour 5pm minute 30p M.  
21. I hereby certify that I attended the deceased from Jan 1  
1945, to Feb 23 1946  
that I last saw him alive on 2-23 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Ac. Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Ac. Nephritis  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Duration 1 yr +  
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 Ed Smith (M. D. or other)  
Address Moberly MO Date signed 2/27/46

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 3-46-610

Date Filed MAR 19 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

*Robert L. Carr*

Licensed Embalmer No. 3190

P. O. Address Moberly Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. *294*

Primary Registration District No. *0156*

Registrar's No. *50*

1. PLACE OF DEATH:  
(a) County *Randolph*  
(b) City or town *Moberly*  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

3. (a) PRINT FULL NAME *Cisco Schooling*  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex *M* 5. Color or race *B*  
6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_  
7. Birth date of deceased *Sept 1906*  
(Month) (Day) (Year)

8. AGE: Years *56* Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) *MO*

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_  
MOTHER, FATHER {  
12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_  
(b) Address \_\_\_\_\_  
17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)  
(c) Place: burial or cremation \_\_\_\_\_  
18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_  
19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Registrar's signature)  
(Data received local registrar)

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 \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month *July* Day *3*  
Year *1962* Hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
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.  
Immediate cause of death \_\_\_\_\_

Duration \_\_\_\_\_  
Due to *I do not know cause of the acute condition, I followed the nephritis*  
Due to \_\_\_\_\_  
Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_ *1316*

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) (c) Means of injury \_\_\_\_\_  
23. Signature *C. Smith Moberly, Mo* (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed *7-2-62*

SUPPLEMENTARY

ADDITIONAL  
SUPPLEMENTARY  
INFORMATION  
REQUESTED

Underline the cause to which death should be charged statistically.

10466