S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

23100

State File No.

Registration District No. 77

Primary Registration District No. 3076

Registrar's No. 165

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

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: St Marys Hospital (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 Missouri (b) County Cole

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

(d) Street No. 1601 Monroe Street (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Roy. D. Schatzer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W.

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 July (Month) 19 (Day) 1946 (Year)

8. AGE: Years	Months	Days	If less than one day
0	0	2	hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant Ray Schatzer

(b) Address Jefferson City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-46 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Cem

18. (a) Signature of funeral director [illegible]

(b) Address Russellville Mo

19. (a) 7-26-46 (Date received local registrar) (b) R. P. Derris MD (Registrar's signature) NR

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1946 hour 2 minute a. M.

21. I hereby certify that I attended the deceased from July 17, 1946 to July 19, 1946 that I last saw him alive on July 19, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Premature infants (6½ mo)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) [illegible]

Address Jefferson City Date signed 7-22-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 6-46-32
Date Filed 6-5-46

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.

Not embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.