

FILED DEC 27 1946

Registration District No. **27**

Primary Registration District No. **3040**

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Chillicothe Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community 3 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. Chillicothe Hospital
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT

FULL NAME Dennis Lynn Schlosser

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 Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 9 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 3 hr. min.

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER
12. Name Fred T. Schlosser
13. Birthplace Coxfax Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Marie E. Visser
15. Birthplace Albia Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Fred T. Schlosser
(b) Address R. R. Chillicothe, Mo.
17. (a) Removal (b) Date thereof 12-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hamilton, Iowa

18. (a) Signature of funeral director Norman Funeral Home
(b) Address Chillicothe, Missouri
19. (a) Dec 12-46 (b) Frances B Neill
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12th
year 1946 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec 9
1946 to Dec 12 1946
that I last saw him alive on Dec 11
and that death occurred on the date and hour stated above.

Immediate cause of death Algebra
of bile ducts
(Congenital)
Duration _____

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 _____

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.

23. Signature [Signature] (M. D. or other)
Address Chillicothe, Mo Date signed 12/12/46

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

DISTRICT HEALTH OFFICE
Cameron, Mo.
2000, Mo.

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 Estes F. Norman.....

Licensed Embalmer No. 4036.....

P. O. Address Chillicothe, 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.