

FILED JAN 21 1947  
Registration District No. 207

Primary Registration District No. 5708

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

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 year  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Conrad Schulte

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 7 years  
(Day) (Year)

7. Birth date of deceased May 1865  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>8</u>	<u>5</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Henry Schulte

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

14. Maiden name Mary Reibgen

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

16. (a) Informant Minnie Siffner

(b) Address Brinktown Mo

17. (a) Burial  
(Burial, cremation or removal)

(b) Date thereof Jan 19 1947  
(Month) (Day) (Year)

(c) Place: burial or cremation Guardian Angel Cem

18. (a) Signature of funeral director H. H. Strop

(b) Address Marion Mo

19. (a) 1-13-47  
(Date received local registrar)

(b) Cauline Howard  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Marion

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

(d) Street No. 1  
(If rural, give location)

(e) Citizen of foreign country? no  
(Yes or No)

If yes, name country: —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12 year 1947 hour 3 minute 0 P. M.

21. I hereby certify that I attended the deceased from Jan 1 1947 to Jan 12 1947

that I last saw him alive on Jan 12 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Fabular pneumonia Duration 12 days

Due to —

Due to —

Other conditions —  
(Include pregnancy within 3 months of death)

Major findings: Of operations 108

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 kind of place)

Means of injury —

23. Signature Conrad Schulte (M. D. or other) Do.

Address Dixon Mo Date signed 1/12/47

RECEIVED  
District Health Officer No. 8  
District File Number  
Date Filed 2-7-42

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 *H. H. Strop*  
Licensed Embalmer No. *2924*  
P. O. Address *Meta 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.