

FILED APR 14 1947

Registration District No. 375-191

Primary Registration District No. 1-91570J

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Rural Rudlow Mo
(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 8 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn

(c) City or town Rudlow Mo Rural
(If outside city or town limits, write "RURAL.")

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Chas Schulte

3. (b) If veteran, name war _____ 3. (c) Social Security No. 496-05-2566

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

6. (b) Name of husband or wife Katherine (c) Age of husband or wife if alive 53 years

7. Birth date of deceased May 4 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>10</u>	<u>23</u>	hr. min.

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

10. Usual occupation Ordinary labor

11. Industry or business Farm

12. Name Carl Schulte

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

14. Maiden name Wilhelmina Bernhart

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

16. (a) Informant Mrs Katherine Schulte

(b) Address Dalton Missouri

17. (a) Burial (b) Date thereof Mar 30 / 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Asheville

18. (a) Signature of funeral director John H Meyer

(b) Address Brunswick Mo

19. (a) 4-1-47 (b) Leticia S. Ewing
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27 year 1947 hour 11 minute _____ M.

21. I hereby certify that I attended the deceased from March 27, 1947, to March 27, 1947; that I last saw him alive on March 25, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Insufficiency

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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 Geo Moran (M. D. or other) _____
Address _____ Date signed 3/27/47

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, 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: A. Shepard
Licensed Embalmer No. 3970
P. O. Address Mendon 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.