V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 2 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14746

Registration District No. 514 Primary Registration District No. 4459 Registrar's No.

1. PLACE OF DEATH:

(a) County St. Clair
(b) City or town Osceola (Rural) (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 years, months or days) In this community 48 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair 93
(c) City or town Osceola (Rural) (If outside city or town limits, write "RURAL") 0
(d) Street No. 0 (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Lewis Schnetzer
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Flora Belle Schnetzer
6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased February 7 (Month) 1862 (Day) (Year)
8. AGE: 85 Years 0 Months 3 Days If less than one day hr. min.
9. Birthplace White County Ind; (City, town, or county) / (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER 12. Name John J. Schnetzer
FATHER 13. Birthplace Landon Germany (City, town, or county) / (State or foreign country)
MOTHER 14. Maiden name Sidney H. Carr
15. Birthplace Fayette County Ohio (City, town, or county) / (State or foreign country)
16. (a) Informant Lewis Schnetzer
(b) Address Osceola Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hound Cemetery
18. (a) Signature of funeral director F.B.Goodrich
(b) Address Osceola Missouri
19. (a) 3-1-1947 (Date received local registrar) (b) Ruth Seevers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10 year 1947 hour 8 minute 35 A. M.
21. I hereby certify that I attended the deceased from February 7, 1947, to February 10, 1947; that I last saw h. alive on February 10, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Peritonitis	?
Due to Not specified	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 0
Of autopsy 1

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 2
23. Signature R. Mark Todd (M. D. or other) D.O.
Address Osceola, Missouri Date signed 2/11/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District Filing Number 4-47-519
Date Filed 5-1-47

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 F B Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola 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.