S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 14 1947

Registration District No. 1

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

3028
Primary Registration District No.

State File No. 24536

Registrar's No. 172

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCune Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 Hour (Specify whether years, months or days)
In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Jasper "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No.: Route #1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Oscar G. SCHELL
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Emma J. Keener Schell
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: April (Month) 1, (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
76	4	4	hr. min.

9. Birthplace: Jasper County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
MOTHER FATHER
12. Name: Christpher Schell
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Emma J. Schell
(b) Address: Route #1 Jasper, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-7-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mitchell Cemetery
18. (a) Signature of funeral director: Ed. C. Ulmer
(b) Address: Carthage, Mo.
19. (a) 8-7-47 (Date received local registrar) (b) L. B. Canton M.D. (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: August day: 5th. year: 1947 hour: 9:45 minute: A. M.
21. I hereby certify that I attended the deceased from: Apr 25 1947 to: Aug 5 1947
that I last saw him alive on: Aug 5 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis Chronic	2yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Anemia pernicious	6 Mo

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Underline the cause of 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: George H. Wood (M. D. or other)
Address: Carthage Mo Date signed: Aug 6 '47

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

41-8-622

APR 12 1948

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 Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.