

No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34069**
Registrar's No. **22**

Registration District No. **87** Primary Registration District No. **5324**

1. PLACE OF DEATH:
(a) County **CRAWFORD - Boone**
(b) City or town **Bourbon - "RURAL"**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Residence**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **25 yrs** (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME **Louis C. SCHULZE**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **NONE**
4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **ROSE ANN** 6. (c) Age of husband or wife if alive **76** years
7. Birth date of deceased **6 22 1969**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **11** day **8**
year **1947** hour **5** minute **P.M.**
21. I hereby certify that I attended the deceased from **December 29, 1946**, to **November 8, 1947**
that I last saw him alive on **June 6, 1947**, and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Collapse**
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

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

8. AGE: Years **78** Months **4** Days **16** If less than one day _____ hr. _____ min.
9. Birthplace **St. Louis MO.**
(City, town or county) (State or foreign country)
10. Usual occupation **FARMING**
11. Industry or business _____
12. Name **WILLIAM SCHULZE**
13. Birthplace **UNKNOWN GERMANY**
(City, town or county) (State or foreign country)
14. Maiden name **LIDA**
15. Birthplace **UNKNOWN GERMANY**
(City, town or county) (State or foreign country)
16. (a) Informant **Mrs Rosa A. Schulze**
(b) Address **Bourbon Mo.**
17. (a) **Burial** (b) Date thereof **11-11-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Bourbon Cem. Bourbon Mo.**
18. (a) Signature of funeral director **Albert Schupp**
(b) Address **Bourbon Mo.**
19. (a) **11-10-47** (b) **Schupp**
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations **43E**
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 **2**
23. Signature **Ronald N. Scott** (M. D. or other) _____
Address **Bourbon** Date signed **11/10/47**

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

MOTHER FATHER

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

James E. Hester, Registered Apprentice No. 445
working under my personal supervision.

Signed

Albert E. Long

Licensed Embalmer No.

3504

P. O. Address

Boarbow 9th.

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.