

No. 2
M-5-43
5-17-39
I X38671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34225

State File No.

Registrar's No. 901

FILED OCT 27 1947

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution:
1515 E. Division St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 28 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1515 E. Division St. 6
(If rural, give location) 0

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Carl William Schultz

3. (b) If veteran, name war none

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16th
year 1947 hour 4:50 A.M. minute _____ M.

4. Sex MALE 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Frieda Schultz

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased NOVEMBER 23, 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 31, 1945 to Oct 16, 1947
that I last saw him alive on Oct 2, 1947
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>10</u>	<u>23</u>	hr. _____ min. _____

Immediate cause of death Carcinoma naso-pharynx 2 1/2 yrs

Due to _____

Due to _____

9. Birthplace Red Oak, Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation General Contracting

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

Major findings: Biopsy - 6-6-45
Of operations Carcinoma

Of autopsy _____

MOYER FATHER

11. Industry or business _____

12. Name Carl Schultz

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

14. Maiden name Minnie Johnson

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Paul Schultz

(b) Address 1408 E. Blaine, Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 19, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director Fred C. Thieme

(b) Address Springfield, Missouri

19. (a) 10-20-47 (Date received local registrar)

(b) H. E. Handley MD (Registrar's signature)

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)

(c) Means of injury _____

23. Signature Leonty N. Vason (M. D. or other) 0

Address Springfield Mo. Date signed 10/20/47

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

AUG 26 1957

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..... *Paul C. Thorne*

Licensed Embalmer No. *2879*

P. O. Address *Springfield, Missouri*

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.