No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 2 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41206

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 278

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days (Specify whether
In this community All Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Miller 66
(c) City or town St. Anthony (Rural) 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME George Adam Schell
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Bertha Schell
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased December (Month) 24 (Day) 1873 (Year)

8. AGE: Years 74 Months 11 Days 29 If less than one day ....hr. ....min.

9. Birthplace St. Thomas (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name John Schell
13. Birthplace Liberty (City, town, or county) Missouri (State or foreign country) 0
MOTHER
14. Maiden name Annie Hopen
15. Birthplace St. Thomas (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Felix Schell
(b) Address Dixon R 3, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 26, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation St. Anthony Cemetery
18. (a) Signature of funeral director Walter P. Hedges
(b) Address Iberia, Missouri
19. (a) 12-25-47 (Date received local registrar) (b) R. P. Dorris MD (Registrar's signature) NP

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22
year 1947 hour 9 minute — a M.
21. I hereby certify that I attended the deceased from Dec 8, 1947, to Dec. 22, 1947
that I last saw him alive on Dec 22, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition and cachexia
Due to Complete Pyloric Stenosis
Due to Duodenal ulcer
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 J. A. Ossman (M. D. or other) MD
Address Jefferson City Mo Date signed 12-25-47

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12/31/42

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 Walter P. Hedges, Registered Apprentice No. ....., working under my personal supervision.

Signed Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Kerie, 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.