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FILED MAR 11 1948

Registration District No. 20

Primary Registration District No. 5083

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Passiac, Mo. *Maand*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Passiac, Mo.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7

(c) City or town Passiac 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) 0

If yes, name country _____

3. (a) PRINT FULL NAME Randy Schultz

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15
year 1948 hour 11 minute 45 P.M.

4. Sex M 0 5. Color or race W

6. (a) Single, widowed, married, divorced M 1

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

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Nov. 14 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 7
1947, to Feb. 17th, 1948

that I last saw him alive on Feb. 14th, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death INTERNAL hemorrhage

Duration _____

8. AGE: Years Months Days If less than one day

58 2 1 hr. _____ min.

Due to CARCINOMA of Lungs

Due to _____

9. Birthplace _____ Tenn. /
(City, town, or county) (State or foreign country)

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

10. Usual occupation Painter

PHYSICIAN _____

11. Industry or business ---

Major findings:
Of operations _____
Of autopsy 475

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Issac Schultz

13. Birthplace _____ Ohio /
(City, town, or county) (State or foreign country)

14. Maiden name Maggie Key

15. Birthplace _____ Tenn. /
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Amanda Schultz

(b) Address Passiac, Mo.

17. (a) Burial (b) Date thereof 2 - 18 - 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakhill Cemetery

18. (a) Signature of funeral director Culver-Underwood

23. Signature L. S. Lathrop (M. D. or other) m.d.

(b) Address Butler, Mo.

19. (a) 2-18-48 (b) Myra Overcup
(Date received local registrar) (Registrar's signature)

Address Butler, Mo Date signed 2-18-48

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

Army

RECEIVED

District Health Officer No. 7,

District File Number 2-48-PP9

Date Filed 3-8-48

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

John J. Anderson

Licensed Embalmer No. 3580

P. O. Address Butler

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.