S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17145

FILED MAY 25 1948

Registration District No. 294 Primary Registration District No. 3652 Registrar's No. 148

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether In this community 18 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Sedalia (If outside city or town limits, write "RURAL")
(d) Street No. 207 South Grand (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

80
6
4
0

3. (a) PRINT FULL NAME GEORGE FLORENCE SCHNECK
3. (b) If veteran, name war none
3. (c) Social Security No. 500-10-5901
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Duermeyer Schneck
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased August 5, 1886 (Month) (Day) (Year)

8. AGE: Years 61 Months 9 Days 13 If less than one day hr. min.

9. Birthplace Cooper County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Farmer retired
11. Industry or business Agriculture
FATHER
12. Name Pearson Schneck
13. Birthplace Cooper County, Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nettie Mueller
15. Birthplace Cooper County, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Emma Schneck (widow)
(b) Address 207 South Grand, Sedalia, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/48 (Month) (Day) (Year)
(c) Place: burial or cremation Clear Creek Cemetery Cooper County, Missouri
18. (a) Signature of funeral director Duane Ewing
(b) Address Sedalia, Mo.
19. (a) 5/20/48 (Date received local registrar) (b) Betty Yeager Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1948 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from 4/26 1948 to 5/18 1948 that I last saw him alive on 5/17 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diabetic Coma	3 do.
Due to: Diabetic Mellitus	10 yr
Due to: Gangreene foot.	2 mo
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

61

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 D P Dyer (M. D. ~~or other~~) M.D.
Address Sedalia Mo Date signed 5/19/48

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

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

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 5-24-48

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 Duane Ewing

Licensed Embalmer No. 2847

P. O. Address Sedalia 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.