S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19816

FILED JUN 16 1948

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 137

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

1. PLACE OF DEATH:
(a) County JASPER
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Carthage 1
(If outside city or town limits, write "RURAL")
(d) Street No. 614 Clinton St. 3
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Washington SCHRECK
3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex M. U
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ona Patton SCHRECK
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Aug. (Month) 27, (Day) 1870 (Year)

8. AGE: Years 77 Months 9 Days 7 If less than one day hr. min.

9. Birthplace Henry County, Missouri. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Quarryman
11. Industry or business Same

FATHER
12. Name Anthony SCHRECK
13. Birthplace Unknown, Ohio /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Claranda SCHRIMP
15. Birthplace Unknown, Ohio /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. G. W. SCHRECK
(b) Address Carthage, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation Park.
18. (a) Signature of funeral director Ed. C. Ulmer.
(b) Address Carthage, Missouri.
19. (a) 6-8-1948 (Date received local registrar) (b) L. B. Clinton, M.D. (Registrar's signature)
137

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1948 hour 8 minute 00 P.M.
21. I hereby certify that I attended the deceased from March 16, 1946, to June 4, 1948
that I last saw him alive on June 4, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Causes of Fever

Due to

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 [signature] (M. D. or other)
Address Cartharge Mo. Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-5-501

JUN 23 1948

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 Ed C Ulmer
Ed. C. Ulmer
Licensed Embalmer No. # 2222
P. O. Address Carthage, 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.