

FILED JUN 29 1948

Primary Registration District No. 4287

Registrar's No. 34

1. PLACE OF DEATH:

(a) County: Lincoln
(b) City or town: Troy Missouri
(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: 10 yr
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ROWLAND THORNHILL SCHLOEMAN

3. (b) If veteran, name war: World War II none
3. (c) Social Security No.

4. Sex: M race: W
5. Color or divorced: Single
6. (a) Single, widowed, married, divorced, Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive, years
7. Birth date of deceased: March 13 1915
(Month) (Day) (Year)

8. AGE: Years 33 Months 3 Days 3 If less than one day hr. min.

9. Birthplace: Troy Missouri

10. Usual occupation: ~~Electrician~~

11. Industry or business: ~~Electrician~~

12. Name: Alpha Schloeman

13. Birthplace: Warren County Mo.

14. Maiden name: Mame J. Lankell

15. Birthplace: Troy Missouri

16. (a) Informant: Alpha Schloeman

(b) Address: Troy Missouri

17. (a) Burial (b) Date thereof: 6-18-48
(Burial, cremation, or removal) Troy City Cemetery

(c) Place: burial or cremation

18. (a) Signature of funeral director: Wayne M. & Co
(b) Address: Troy Mo

19. (a) Date received local registrar: June 23 1948
(Date) (Registrar's signature) Emma R. Riddle

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Lincoln 57
(c) City or town: Troy Missouri 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1948 hour 9 minute 50 A.M.

21. I hereby certify that I attended the deceased from 0 to 19
that I last saw him alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death: Suicide (22 caliber gun shot wound)
Due to: Coroners Jury Verdict

Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations: 1440
Of autopsy: 1440

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): Suicide
(b) Date of occurrence: June 16, 1948
(c) Where did injury occur?: Troy Lincoln Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?: Home
(Specify type of place)
While at work? c) Means of injury: 2
23. Signature: Dr. V.E. Althoff (M. D. or other) D.D.
Address: Coroner Lincoln County Date signed: 6/16/48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 28 1948

NOV 14 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..... *Wayne McGray*
Licensed Embalmer No..... *3586*
P. O. Address..... *Troy 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.