FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 30 1948

Registration District No. 156

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dec James

State File No. 23317

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:
(a) County: ~~Ottawa~~ Jasper
(b) City or town: Joplin.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital. Joplin. Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 days. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Kansas. (b) County: Cherokee 999
(c) City or town: Treece. (If outside city or town limits, write "RURAL")
(d) Street No.: None. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: William C. Schwenck
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: M.
5. Color or race: W.
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May 21. 1871 (Month) (Day) (Year)

8. AGE: Years 77 | Months 1 | Days 25 | If less than one day hr. min.

9. Birthplace: Green County, Illinois. (City, town, or county) (State or foreign country)
10. Usual occupation: City Water Superintendent
11. Industry or business:
FATHER
12. Name: Fred Schwenck
13. Birthplace: Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Anna Snider
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: L. H. Schwenck
(b) Address: Nevada, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: July 15. 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: GreenLawn Cemetery Kansas.
18. (a) Signature of funeral director: M. U. Yoder
(b) Address: 200 S. Francis St. Picher, Okla.
19. (a) 7-16-48 (Date received local registrar) (b) Dolores Lampkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1948 hour 5 P minute 30 A.M.
21. I hereby certify that I attended the deceased from June 29, 1948, to July 15 1948, that I last saw h. alive on July 14, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Failure	24 hrs.
Due to: Severe Toxemia	3 days
Due to: Bilateral Pyelonephritis, Benign Prostatic hypertrophy	Many years
Other conditions (Include pregnancy within 3 months of death): Fair State urinary bladder	

Major findings:
Of operations: Prostatectomy 2 3 30
hypertrophy fair bladder state
Of autopsy: not performed

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: 0

23. Signature: [illegible] (M. D. or other)
Address: Joplin Mo Date signed 7-15-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-7-621

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 Mrs. D. M. Goodson

Licensed Embalmer No. 1088

P. O. Address Pocher, Okla

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.