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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 4 1948

Registration District No. 128

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29509

Primary Registration District No. 2000

Registrar's No. 809

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Springfield Baptist ~~Burge Hospital~~ Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 2 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34

(c) City or town Ava - Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route 1 0
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)

If yes, name country Russia

3. (a) PRINT FULL NAME HENRY SCHWINDT

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Katherine Schwindt

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

7. Birth date of deceased September (Month) 27, (Day) 1866 (Year)

8. AGE: Years 81 Months 11 Days 27 If less than one day ___ hr. ___ min.

9. Birthplace Rosenfeldt (City, town, or county) Russia 6 (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business On Farm

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) unknown 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) unknown 9 (State or foreign country)

16. (a) Informant George Schwindt

(b) Address LeRoy, Kansas

17. (c) Removal (Burial, cremation, or removal) (b) Date thereof 9/25/48 (Month) (Day) (Year)

(c) Place: burial or cremation Topeka, Kansas

18. (a) Signature of funeral director Gorman-Scharpf Funeral Home

(b) Address Springfield, Missouri

19. (a) 9-27-48 (Date received local registrar) (b) W E Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 24
year 1948 hour 10: minute P. M.

21. I hereby certify that I attended the deceased from 9-23-, 1948, to 9-24-, 1948;
that I last saw him alive on 9-24-, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio-Renal disease with cerebral accident	2+ years
Due to	
Due to	
Other conditions: Hypostatic pneumonia (Include pregnancy within 3 months of death)	3 days

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to 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? 0 (Specify type of place)

While at work? (e) Means of injury

23. Signature M. L. Gentry M.D. (M.D. or other)

Address Springfield Mo Date signed 9-25-48

(Licensed Embalmer's Statement on Reverse Side)

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 L Doolin Forman

Licensed Embalmer No. 3177

P.O. Address Springfield M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.