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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 1 1948

Registration District No. 1208

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32619

Primary Registration District No. 2000

Registrar's No. 937

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: Burge D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community 10 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. State Hotel 6
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME LUTHER A SCHULLER

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male D

5. Color or race White

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

6. (b) Name of husband or wife Erma Schuller

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

7. Birth date of deceased October (Month) 13 (Day) 1883 (Year)

8. AGE: Years 65 Months 0 Days 14 If less than one day hr. min.

9. Birthplace Springfield (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired Railroad switchman

11. Industry or business

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

MOTHER
14. Maiden name Ella Grent
15. Birthplace (City, town, or county) Unknown 6 (State or foreign country)

16. (a) Informant Charles W Long
(b) Address 1169 S National, Springfield

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 10-30-48 (Date received local registrar) (b) W. J. Hansley WJH (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27
year 1948 hour 6 minute 8 M.

21. I hereby certify that I attended the deceased from 10-15-48, 19..., to 10-27, 1948;
that I last saw him alive on 10-27, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive Heart Failure	3 wks
Due to Arteriosclerotic Heart Disease	
Due to	
Other conditions Angina Pectoris (Include pregnancy within 3 months of death)	sev. yrs.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature A W Hanss (M. D. or other) M.D.
Address Springfield, Mo Date signed 10-29-48

(Licensed Embalmer's Statement on Reverse Side)

DEC 17 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 Lee Mason

Licensed Embalmer No. 4568

P. O. Address Springfield, M

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.