

FILED MAR 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 7495

BIRTH NO. _____		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>315</u>
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buch.</u>		
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>St. Joseph</u> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2810 Mary Street</u>		d. STREET ADDRESS (If rural, give location) <u>2810 Mary, Street</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Otto</u>		b. (Middle) <u>George</u>		c. (Last) <u>Schwope</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 15, 1949</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 16, 1890</u>	9. AGE (In years last birthday) <u>58</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>		11. BIRTHPLACE (State or foreign country) <u>Wathena, Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>William Carl Schwope</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Gaede</u>		14. NAME OF HUSBAND OR WIFE <u>Frona Schwope</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>?</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Frona Schwope-St. Joseph, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>  ANTECEDENT CAUSES - <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hepatitis</u> DUE TO (c) <u>Senility</u>  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 Days</u> <u>4 Years</u> <u>1 Year</u>
19a. DATE OF OPERATION <u>4 Yers</u>		19b. MAJOR FINDINGS OF OPERATION <u>Hepatitis</u>		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>
22. I hereby certify that I attended the deceased from <u>26 Feb</u> , 19 <u>49</u> , to <u>15 March</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>15 March 1949</u> and that death occurred at <u>8:30pm.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Y. Strawn M.D. Extraordinary</u>		23b. ADDRESS <u>1908 Messanie St. St. Joe. Mo</u>		23c. DATE SIGNED <u>16 Mar 49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/18/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Belmont Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wathena, Kansas</u>
DATE REC'D BY LOCAL REG. <u>Mar. 22, 1949</u>		REGISTRAR'S SIGNATURE <u>G. B. Jenkins</u> <u>382</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Blaney Funeral Home - St. Joseph, Mo.</u>

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

(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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed Charles M. Harman

Signed.....  
Student Embalmer

Licensed Embalmer No. 4487

P. O. Address St. Joseph

**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.