

FILED APR 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 9016

5400

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4265 Registrar's No. 2-2

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Napoleon, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Napoleon, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Home in Napoleon</u>		d. STREET ADDRESS (If rural, give location) <u>Gen. Del.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Herman</u> c. (Last) <u>Schlanner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 9 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>Mar 14, 1883</u>
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>	11. BIRTHPLACE (State or foreign country) <u>Pinkney, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Farming</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. BIRTHPLACE (State or foreign country) <u>Pinkney, Missouri</u>	
13a. FATHER'S NAME <u>August A. Schlanner</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Louisa Schlanner</u>	
14. NAME OF HUSBAND OR WIFE <u>Olga Elizabeth Schlanner</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wilbert A. Schlanner</u> ADDRESS <u>Napoleon, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ben arteriosclerosis</u> DUE TO (c) <u>Vascular Hypertension</u>			<u>Approx 1 day</u> " "
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>45+0</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>March 7, 1949</u> , to <u>Mar 9</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Mar 9</u> , 19 <u>49</u> , and that death occurred at <u>8:25 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. F. Slaughter D.O.H.</u>		23b. ADDRESS <u>Osage, Missouri</u>	23c. DATE SIGNED <u>Mar 9 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 11, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Napoleon</u>	24d. LOCATION (City, town, or county) (State) <u>Napoleon, Mo</u>
DATE REC'D BY LOCAL REG. <u>Mar 10 '49</u>	REGISTRAR'S SIGNATURE <u>Letta Drummond</u>	153	25. FUNERAL DIRECTOR'S SIGNATURE <u>V. M. Ruppert</u> ADDRESS <u>Buckner, Mo.</u>

RECEIVED

District Health Officer No. 2

District File Number \_\_\_\_\_

Date Filed 4-8-49

JUL 15 1956

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 \_\_\_\_\_  
Student Embalmer

Signed Ralph O Jones  
Licensed Embalmer No. 4604

P. O. Address Buckner, 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.