

No. 2
-12-40
17-39
X23159

FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2334

State File No. _____

Registration District No. 211

Primary Registration District No. 4128

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Cole, Mo.

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 40 yr
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 216

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

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

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
year 1941 hour 10 minute _____ A.M.

21. I hereby certify that I attended the deceased from Jan. 2
1941 to Jan. 19 1941
that I last saw him alive on Jan 19 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Frederick Moritz Schneider

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Jan 14 1856
(Month) (Day) (Year)

8. AGE: Years 85 Months _____ Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Don't Know

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Fritz Schirer

(b) Address Jefferson City Mo

17. (a) Buried (b) Date thereof 1/22/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cem Centertown

18. (a) Signature of funeral director Bellevue & Friedman

(b) Address California Mo

19. (a) 1/22/41 (b) H.T. Leach M.D.
(Date received local registrar) (Registrar's signature)

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? 101

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature H.T. Leach (M.D. or other) 20

Address California, MO Date signed 1/21/41

(Licensed Embalmer's Statement on Reverse Side)

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

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 Hugh E. Williams
Licensed Embalmer No. 3537
P. O. Address California 5200

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.