LEG JAN 24 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43027
Do not use this space.

1. PLACE OF DEATH
(a) County Gasconade
(b) Township Roark
(c) City
Registration District No. 303
Primary Registration District No. 5420
Registered No.
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 435 Vernon Victor Schalter
(a) Residence, No. Hermann, Mo. R.F.D. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: yes
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24 1938
7. AGE: YEARS | MONTHS | DAYS: 1 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hermann Mo R.F.D.

FATHER
13. NAME Victor Schalter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gasconade Co. Mo

MOTHER
15. MAIDEN NAME Rosa Fisher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Owensville Mo

17. INFORMANT Victor Schalter
(ADDRESS) Hermann Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Suttons Farm DATE Dec 27 1938

19. FUNERAL DIRECTOR Ransom A. Doll
(ADDRESS)

20. FILED 19
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1938 to Dec 25 1938
I last saw him alive on Dec 25 1938. Death is said to have occurred on the date stated above, at 10:P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity of Birth.	

Other contributory causes of importance: 154

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. Wessling, M. D.
(Address) Hermann Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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(b) Township Roark Primary Registration District No. 5420 Registered No.
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Vernon Victor Scholten
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 21 1938
7. AGE: Years | Months | Days: 1 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hermann R F D.

FATHER
13. NAME Victor Scholten
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gasconade Mo

MOTHER
15. MAIDEN NAME Rosa Fischer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Owensville Mo

17. INFORMANT (ADDRESS) Victor Scholten Hermann Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Sutter Farm DATE Dec 27 1938
19. FUNERAL DIRECTOR (ADDRESS) Ransom A Doll
20. FILED 2-9 1939 Anna K. Rickhoff Local Registrar

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(Address) Hermann Mo

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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

50M-8-5-37 X12241

ORIGINAL