

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

2097
Do not use this space.

REC'D FEB 21 1939

1. PLACE OF DEATH

(a) County COOPER Registration District No. 219
 (b) Township KELLEY Primary Registration District No. 5299 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 JOSEPH-HENRY-SCHOLL

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) DIVORCED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) BETTY-SCHOLL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER-2-1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
80 4 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER
 9. Industry or business in which work was done, as saw mill, bank, etc. RETIRED
 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) MISSOURI

13. NAME WILLIAM SCHOLL

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

15. MAIDEN NAME ANOMIA-TRACEY

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

17. INFORMANT (ADDRESS) Mrs. Stella Elliott
California Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE CALIFORNIA, MO. DATE JAN-31-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) James E. Richards
Tristram Mo.

20. FILED 1-30-1939 Arthur Whitaker
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/30/29 1939

22. I HEREBY CERTIFY, That I attended deceased from 1/24, 1939, to 1/30, 1939

I last saw him alive on 1/29, 1939. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Aortic insufficiency

Date of onset

Other contributory causes of importance:

Old age

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. F. Potts, M. D.

(Address) Tristram Mo.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7/10/39

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Janece E. Richards
Licensed Embalmer No. 2466
P. O. Address 117th Street

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, above space should be left blank.