

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.

AUG 14 1939

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

35243
Do not use this space.

1. PLACE OF DEATH

(a) County CALLAWAY Registration District No. 116
(b) Township SHAMROCK Primary Registration District No. 5166
(c) or 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 407 Milton Schohh 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF CARRIE (Cobb) Schohh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 14, 1859

7. AGE YEARS 79 MONTHS 8 DAYS 27 If LESS than 1 day, hrs. or min.

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.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SHAMROCK, MISSOURI

13. NAME MILTON SCHOHH

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

15. MAIDEN NAME SARAH GLENN HUGHES

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CALLAWAY COUNTY MISSOURI

17. INFORMANT (ADDRESS) DENNIS SCHOHH SHAMROCK, MISSOURI

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty, Shamrock DATE July 13, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Glen Y. Maspin 700 Court St. Fulton, MO.

20. FILED July 13, 1939 E. thel Amstutz Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1939

22. I HEREBY CERTIFY That I attended deceased from May 1, 1939 to July 11, 1939
I last saw him alive on July 1, 1939 Death is said to have occurred on the date stated above, at 4:30 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebrum, Basal Ganglia Date of onset 5
Arterio-Sclerosis ?
Other contributory causes of importance:

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 Tap Card M. D.
(Signed) Wells (Address) Wells

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.....

John D. Batchelder....., Registered Apprentice No. *192*
working under my personal supervision.

Signed *Glen Y. Marpin*
Licensed Embalmer No. *27205*
P. O. Address *Fulton, 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, above space should be left blank.