

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

33749
 Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
 (b) Township Center Primary Registration District No. 3039 Registered No. 245
 (c) City Nevada (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 1 yrs. - mos. - ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 311 Ida May Schindler St.
1254 Nevada (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Buford Schindler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 4 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Case County, Missouri
 (STATE OR COUNTRY) 0

FATHER 13. NAME Cred Wilson 1

14. BIRTHPLACE (CITY OR TOWN) unknown 1
 (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Edith Jane Underwood

16. BIRTHPLACE (CITY OR TOWN) unknown
 (STATE OR COUNTRY) Tennessee

17. INFORMANT Vera Schindler
 (ADDRESS) Nevada, Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Moore cemetery DATE Sept 16, 1939

19. FUNERAL DIRECTOR (NAME) Ferry Funeral Home
 (ADDRESS) Nevada, Mo

20. FILED Sep 21, 1939 Allen V. Kays
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1939, to Sept 14, 1939.

I last saw him alive on Sept 14, 1939. Death is said to have occurred on the date stated above, at 8:30 P.M.

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

Carcinoma
Stomach

Date of onset
Don't know.

Other contributory causes of importance:
None

Name of operation none Date of _____

What test confirmed diagnosis? Exam. Was there an autopsy? no

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) W. Love, M. D.

(Address) Nevada, Mo.

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.

RECEIVED

District Health Officer No. 7,

District File Number 7-39-144

Date Filed 10-10-39

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 personally

....., Registered Apprentice No.

working under my personal supervision.

Signed Lloyd R. Winsett

Licensed Embalmer No. 3957

P. O. Address Wwada, 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.