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

REC'D NOV 20 1939

35333
Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 4

(b) Township or City Kirksville Primary Registration District No. 3001 Registered No. 248

(c) Street No. Grem - Smith Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(d) Length of residence in city or town where death occurred yrs. mos. 6 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 520 John Schenk

(a) Residence, No. St. Novelty, Missouri
(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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓ Dec-10-1877

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. ? 1878

7. AGE 61 YEARS MONTHS 10 DAYS 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
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 43 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Illinois

FATHER
13. NAME Jacob J. Schenk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER
15. MAIDEN NAME Annie D Smythe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT (ADDRESS) Bro. Jake Schenk

18. BURIAL, CREMATION, OR REMOVAL
PLACE Harmony DATE Oct. 15, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Keith Hudson Edina, Mo

20. FILED Oct 12, 1939 Spencer L. Meeman
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1939, to Oct 12, 1939
I last saw him alive on Oct 11, 1939. Death is said to have occurred on the date stated above, at 10.05 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated femoral hernia	Oct 5 1939
Gangrenous bowel from above	Oct 6 1939
Post operative shock	Oct 7 1939

Other contributory causes of importance:
Asthma (Cardiac?) 5 mo

Name of operation Hernial repair + resection of bowel Date of Oct 6 1939
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) George E. Grim, M. D.
(Address) Kirksville, Missouri

(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-9-19-38 I X16605

RECEIVED
District Health Officer No. 10
District File Number 11-39-2020
Date Filed NOV 15 1939

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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina 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.