

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39825
Do not use this space.

DEC 15 1939 2

1. PLACE OF DEATH

(a) County Iron (Registration District No. 1139)
(b) Township Bellevue Iron Primary Registration District No. 5549
(c) City Bellevue or (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. 3 mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Walter Jerome Schular

(a) Residence, No. Bellevue Mo. 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 Mammie Schular

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 11 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. plumber
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) Ironton Mo. (STATE OR COUNTRY)

FATHER 13. NAME W. J. Schular

14. BIRTHPLACE (CITY OR TOWN) Ironton Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME W. J. Schular

16. BIRTHPLACE (CITY OR TOWN) Ironton Mo. (STATE OR COUNTRY)

17. INFORMANT R. W. McClanahan (ADDRESS) Bellevue Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Arcadia Mo. DATE Nov. 18 1939

19. FUNERAL DIRECTOR (NAME) (K. P. Cem.) Norman White & Son (ADDRESS) 222 White Ironton Mo.

20. FILED Nov 27 1939 Mrs J. A. Townsend Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 17 1939

22. I HEREBY CERTIFY, That I attended deceased from September 6 1939 to November 17 1939

I last saw him alive on November 16 1939. Death is said to have occurred on the date stated above, at 2:55A.M.

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

Date of onset

Other contributory causes of importance:

Hemorrhage

(operation in some other city. about 1 year ago) physician unknown to me

Name of operation Prostatectomy Date of _____ 1939

What test confirmed diagnosis? microscopic Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
examination of tissue removed said to show carcinoma
Accident, suicide, or homicide? _____ Date of injury _____ 1939

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) [Signature] M. D.
(Address) Ironton, Missouri

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

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

Conrad J. White

Licensed Embalmer, No. *3012*

P. O. Address *Houston Tex*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

59825

Do not use this space.

1. PLACE OF DEATH
 (a) County Iron Registration District No. 1159
 (b) Township Iron Primary Registration District No. 549 Registered No. 10
 (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 Walter Jerome Schular
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>64</u>	<u>11</u>	<u>18</u>	

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) _____

FATHER

13. NAME unknown

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

MOTHER

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE _____ DATE _____ 19____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED Nov 27 1939 mas J a Townsend
 Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17 1939

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw h _____ alive on _____, 19____ Death is said to have occurred on the _____ at _____ m.

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

Date of onset _____

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? _____
 If so, specify _____
 (Signed) _____, M. D.
 (Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION, if very important.

