S. No. 2
-11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18744

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2501 New Hampshire
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 28 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 2501 New Hampshire
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME Sophie Schillinger 452
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Stanley Schilinger
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased March (Month) 28 (Day) 1894 (Year)

8. AGE: Years 46 Months 2 Days 2 If less than one day hr. min.

9. Birthplace Diamond (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Housewife 1
11. Industry or business Home
MOTHER FATHER
12. Name Tyler Kneeland 6
13. Birthplace (City, town, or county) Iowa (State or foreign country)
MOTHER
14. Maiden name Alice Gubb
15. Birthplace Fidelity (City, town, or county) Missouri (State or foreign country)
16. (a) Informant George C. Dirrett
(b) Address Galena Mo. R.R. Box 111
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-31-40 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cemetery
18. (a) Signature of funeral director Hurlbut Und Co
(b) Address 212 Joplin St. Joplin Mo.
19. (a) 6-1-40 (Date received local registrar) (b) Ed D Jenning (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1940 hour 3 minute 15 A. M.
21. I hereby certify that I attended the deceased from Oct 2, 1939, to May 29, 1940, that I last saw he alive on May 29, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uterine hemorrhage	2 Days
Due to: Carcinoma of uterus	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 4	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature Sam A Grantham (M. D. or Coroner) M.D.
Address Miss Bldg Date signed May 31/40

(Licensed Embalmer's Statement on Reverse Side)

40-6-155-

FEB 24 1947

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 Steve D. Parker

Licensed Embalmer No. 2348

P. O. Address Joplin 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.