

Registration District No. 460

Primary Registration District No. 4274

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Lafayette  
(b) City or town Higginsville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Ernest Henry Schwanholt 543

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan-30-1877 (Month) (Day) (Year)

8. AGE: Years 63 Months \_\_\_\_\_ Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Lafayette Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

12. Name John Henry Schwanholt

13. Birthplace Pateiot Ind. (City, town, or county) (State or foreign country)

14. Maiden name Mary Milgas Germany

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant's own signature \_\_\_\_\_

(b) Address Higginsville. Mo.

17. (a) Burial (b) Date thereof 4-30-1940 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Corder. Mo.

18. (a) Signature of funeral director Harley Miners Hagan

(b) Address Higginsville. Mo.

19. (a) 6-2-40 (b) Ernest Henry Schwanholt (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette  
(c) City or town Higginsville (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 27-1940  
year \_\_\_\_\_ hour 6:15 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from April 25, 1940, to April 27, 1940

that I last saw him alive on 4/27/40 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Oedema Duration \_\_\_\_\_

Due to Myocarditis

Due to Bad Teeth (?)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

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? 413

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. A. Brascklein M.D. (M. D. or other)

Address Higginsville Mo Date signed 5/1/40

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.

FEDERAL GOVERNMENT PRINTING OFFICE: 1935



RECEIVED  
Health Officer No. 8,  
Date Filed 6-11-40  
License File Number

**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 Roy W. Wiegman  
Licensed Embalmer No. 2883

P. O. Address.....

**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.