

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36112**
Registration District No. **728** Primary Registration District No. **5961** Registrar's No. _____

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town Oakwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls
(c) City or town Oakwood
(If outside city or town limits, write "RURAL")
(d) Street No. 3633 Market
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

3. (a) PRINT FULL NAME William Lee Schanbacher

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ursie 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased April 15 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 6 9 hr. _____ min.

9. Birthplace Moberly Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Dairy Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John Schanbacher
18. Birthplace Philadelphia Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Mary A. Lang
15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Ursie A. Schanbacher
(b) Address 3633 Market

17. (a) Burial (b) Date thereof 10/26/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet

18. (a) Signature of funeral director Carroll Smith
(b) Address 902 Broadway Hannibal

19. (a) Nov 14 1940 (b) Mary A. Schanbacher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24
year 1940 hour 12 minute 00 M.

21. I hereby certify that I attended the deceased from 7.16.20
1939 to Oct 24 1940;
that I last saw him alive on Oct 23 1940
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial
aneurysm with associated
myocardial failure
Due to Rheumatic heart disease

Due to Acute rheumatic fever

Other conditions _____
(Includes pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

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? 55
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature E. A. Porter BSc. M.D. (M.D. or other) 3
Address 412 Center St. Hannibal, Mo. Date signed 10-29-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 11-40-2060

Date Filed

NOV 8 1940

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 Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Hannibal Missouri

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.