

Registration District No. **272**

Primary Registration District No. **5379**

Registrar's No. **11**

FEB 14 1941

1. PLACE OF DEATH:

(a) County **Douglas**

(b) City or town **Ava, Benton Sup** (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **None**

(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 **None** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) County **34 Douglas**

(b) City or town **Ava, Benton Sup** (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.

3. (a) PRINT FULL NAME **Fred Christian Schuenemann**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **M**

5. Color or race **w**

6. (a) Single, widowed, married, divorced **2 divorced**

6. (b) Name of husband or wife **Hannah Schuenemann**

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 6 1851** (Month) (Day) (Year)

8. AGE: Years **89** Months **5** Days **4** If less than one day hr. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **10** year **1941** hour **7** minute **15.0** M.

21. I hereby certify that I attended the deceased from **12-28-40** to **1-10-41**, 19____ to _____, 19____ that I last saw him alive on **1-10-41** and that death occurred on the date and hour stated above.

Immediate cause of death **Influenza of Pneumonia** Duration **10 days**

Due to _____

Due to _____

Other conditions **old eye** (Include pregnancy within 3 months of death)

9. Birthplace **Germany** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER { 12. Name **Schuenemann**

13. Birthplace **Germany** (City, town, or county) (State or foreign country)

14. Maiden name **Hankroger**

15. Birthplace **Germany** (City, town, or county) (State or foreign country)

16. (a) Informant **F. W. Schuenemann**

(b) Address **Ava Mo.**

17. (a) _____ (b) Date thereof **1-13-1941** (Month) (Day) (Year)

(c) Place: burial or cremation **Fiskin Cem.**

18. (a) Signature of funeral director **Arthur Moorhead**

(b) Address **Carthage Mo.**

19. (a) **1-11-1941** (Date received local registrar)

(b) **Reba King White** (Registrar's signature)

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? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature **M. C. Gentry** (M. D. or other) **D**

Address **Ava Mo.** Date signed **1-10-41**

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

RECEIVED

District Health Officer No. 6,

District File Number 146-170

Date Filed FEB 3 1941

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

John D. Batchelder

Licensed Embalmer No. 4153

P. O. Address Carthage 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.