DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2654

Registration District No. 318 | Primary Registration District No. 5440 | Registrar's No. 12

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield S Campbell A.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Medical Center for Federal Prisoners
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 yrs. 6mos. 12days (Specify whether
In this community 1 year, 5 mos, 12 days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Tennessee (b) County Davidson

(c) City or town Nashville
(If outside city or town limits, write "RURAL")

(d) Street No. 1111 Lillian Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME SCHELL, Henry Augustus, 297-H

3. (b) If veteran, name war Unknown

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Separated

6. (b) Name of husband or wife Lizzie Schell

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

7. Birth date of deceased September (Month) 21, (Day) 1865 (Year)

8. AGE: Years 75 | Months 3 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace Gallatin, Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation Physician

11. Industry or business

FATHER
12. Name Henry Schell
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name unknown, ~~Bettie Schell~~
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Patient, - deceased.
(b) Address MCFP, Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/41 (Month) (Day) (Year)
(c) Place: burial or cremation Gallatin, Tennessee

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 1-4-41 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature) RJB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4th, year 1941 hour One minute A. M.

21. I hereby certify that I attended the deceased from June 23, 1934, 19.. to January 4, 1941; that I last saw him alive on Jan. 4, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis coronary artery, due to arteriosclerosis coronary,

Due to

Due to

Other conditions Arteriosclerosis, general: Myocarditis chronic. Psychosis senile.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not performed

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

23. Signature L. M. Rogers, M. D. (M. D. or other)
Address Clinical Director, MCFP Date signed 1-4-41

(Licensed Embalmer's Statement on Reverse Side)

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 Harlow Knabb

Licensed Embalmer No. 4065

P. O. Address Springfield Mo

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

If this body is not embalmed, fact should be so stated above.