DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 3810

FEB 20 1947

Registration District No. 67

Primary Registration District No. 4403

Registrar's No. 15

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

**1. PLACE OF DEATH:**

(a) County: PHELPS

(b) City or town: ROLLA (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ROLLA McFARLAND O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community ____

**2. USUAL RESIDENCE OF DECEASED:**

(a) State ____ (b) County 63 0 21

(c) City or town ____ (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: LARRY LEE SCHNEIDERWIND

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: O ✓

6. (b) Name of husband or wife: ✓

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

7. Birth date of deceased: JANUARY (Month) 10 (Day) 1941 (Year)

8. AGE: Years 0 Months 0 Days 3 If less than one day: x hr. x min.

9. Birthplace: ROLLA (City, town, or county) Mo. (State or foreign country) 10

10. Usual occupation: ✓

11. Industry or business: ✓

FATHER 12. Name: WILBUR SCHNEIDERWIND

13. Birthplace: BLAND (City, town, or county) Mo. O (State or foreign country)

MOTHER 14. Maiden name: RENA HOLLANDSWORTH

15. Birthplace: CANAAN (City, town, or county) Mo. O (State or foreign country)

16. (a) Informant: Wilbur Schneiderwind

(b) Address: Bland, Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: JANUARY 14 1941 (Month) (Day) (Year)

(c) Place: burial or cremation: UNION CEMETERY - BLAND, Mo

18. (a) Signature of funeral director: W.F. Gettinstracter

(b) Address: Owensville Mo

19. (a) Jan. 14, 1941 (Date received local registrar) (b) Jos. F. Myers (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month JANUARY day 13 year 1941 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan. 10, 1941, to Jan. 13, 1941; that I last saw him alive on Jan. 12, 1941; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Respiratory Failure | |
| Due to: Intracranial Hemorrhage | 1 day |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): 160 N | |
| 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)

(e) While at work? (f) Means of injury:

23. Signature: Paul A. Bommer, M.D. (M. D. or other) D

Address: Owensville, Mo. Date signed: 1-13-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 241195
Date Filed

**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 not Embalmed, Registered Apprentice No.
working under my personal supervision.

Signed W. F. Gettenstaeter

Licensed Embalmer No. 1444

P. O. Address Owensville Mo

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

**If this body is not embalmed, above space should be left blank.**

. No. 2B
—4-25-41
I X27852

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. 38107

Registration District No. 677 Primary Registration District No. 4403 Registrar's No.

1. PLACE OF DEATH:
(a) County Pleasant
(b) City or town Rolla
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MARIES
(c) City or town Owensville
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Larry Lee Schneidewind
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years Months Days 3 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 6-7-41 (Date received local registrar) (b) Jos. F. Ryan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 13 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw him alive on , 19; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

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 Paul A. Brewer (M. D. or other)
Address Owensville Date signed

SUPPLEMENTARY