

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 6531  
Registrar's No. 60

Registration District No. 21

Primary Registration District No. 3069

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town     "    "  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Southeast Mo. Hospital (1)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 101  
(c) City or town New Wells, Mo.  
(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.? 1 years.

8. (a) PRINT FULL NAME Leonard Elton Schultz

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex M. 5. Color or race White 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased Nov. 17, 1940  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 2 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace New Wells, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

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

MOTHER FATHER  
12. Name Fred Schultz  
13. Birthplace Lutesville, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Olga Haggman  
15. Birthplace New Wells, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Fred Schultz  
(b) Address New Wells, Mo.

17. (a) Burial (b) Date thereof 2-4-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New Wells, Mo.

18. (a) Signature of funeral director Fred Kabinert  
(b) Address New Wells, Mo.

19. (a) 2-3-41 (b) J. M. Thompson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3<sup>rd</sup>  
year 1941 hour 3 - minute 15 A. M.

21. I hereby certify that I attended the deceased from 1/31/41  
12/13 1941, to 2/3/41 1941,  
that I last saw him alive on \_\_\_\_\_, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Tubercular pneumonia Duration 6 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 108

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? 1

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

23. Signature Chas. J. Herlihy (M. D. or other) \_\_\_\_\_  
Address Cape Girardeau, Mo. Date signed 2/3/41

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

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.

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**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 Fred. Kalmert.....

Licensed Embalmer No.....

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.**