No. 2
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17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15255

Registration District No. 589 Primary Registration District No. 5787a Registrar's No. 10

1. PLACE OF DEATH:
(a) County Montgomery
(b) City or town High Hill Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: [illegible]
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 52 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Montgomery
(c) City or town High Hill Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME FREDERICK EDWARD SCHRIENER
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carrie Schriener
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Dec. (Month) 14 (Day) 1888 (Year)

8. AGE:

Years	Months	Days	If less than one day
52	5	23.	hr. min.

9. Birthplace Montgomery County (City, town or county) Mo 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farmer
FATHER
12. Name Daniel Schreiner
13. Birthplace Ohio (City, town, or county) Ohio 1 (State or foreign country)
MOTHER
14. Maiden name Anna Neimeyer
15. Birthplace Warren County (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Mrs Edward Schreiner
(b) Address High Hill Mo
17. (a) Mt Pleasant Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 10 (Day) 1941 (Year)
(c) Place: burial or cremation Mt Pleasant Cemetery
18. (a) Signature of funeral director J. Marlow
(b) Address Montgomery City Mo
19. (a) May 10 1941 (Date received local registrar) (b) Mary Lou Fliener (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1941 hour 10 20 minute P M.
21. I hereby certify that I attended the deceased from
SUDDEN, 19__, to DEATH, 19__;
that I last saw h__ alive on ___ 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Concussion of the Medulla; FRACTURED SKULL; ALSO LACERATIONS OF SKALP
Due to ___
Due to BEING STRUCK BY TRUCK
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations ___
Of autopsy NONE

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) ACCIDENT 070
(b) Date of occurrence MAY 7th, 1941
(c) Where did injury occur? HIGH HILL, MONTGOMERY, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
NEAR HOME in HIGH HILL, U.S HWY. 40.
(Specify type of place)
While at work? WALKING on HWY (e) Means of injury STRUCK BY TRUCK
23. Signature Ray Means, ([redacted] or other) CORONER
Address Lonesburg, Missouri Date signed 5/10/41

(Licensed Embalmer's Statement on Reverse Side)

JUN 23 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 Joseph A Marla

Licensed Embalmer No. 3658

P. O. Address Montgomery Ala

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.