S. No. 2
—1-4-41
5-17-39
I X26390

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

7
1
2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17644

Registration District No. 218 Primary Registration District No. 3015 Registrar's No. 61

1. PLACE OF DEATH:

(a) County Cooper

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

(c) Name of hospital or institution: St. Joseph (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital ~~or institution~~ 11 days (Specify whether

In this community 44 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 1

(c) City or town Stover 0 (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 1

3. (a) PRINT FULL NAME Joseph Schnirch

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 Married

6. (b) Name of husband or wife Frances Schnirch

6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased Sept. (Month) 10 (Day) 1860 (Year)

8. AGE: Years 80 Months 8 Days 12 If less than one day hr. min.

9. Birthplace (City, town, or county) 4 Austria (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) " (State or foreign country) 4

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) " (State or foreign country) 4

16. (a) Informant John Schnirch

(b) Address Stover Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Stover Cem.

18. (a) Signature of funeral director Rapp & Stevinson

(b) Address Stover Mo.

19. (a) 5-22-41 (Date received local registrar) (b) D. Hooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd year 1941 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from 5-10-41, 19 to 5-22-41, 19; that I last saw him alive on 5-21-41, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death uremia	4d
Due to prostatic obstruction	4w
Due to prostatic hypertrophy	sev yrs
Other conditions old age (Include pregnancy within 3 months of death)	

137a

Major findings:
Of operations none done
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 A. Evan Hammaway (M.D. ~~or other~~) 0

Address Boonville, Missouri Date signed 5-22-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-11-41

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 Jewell Stevenson

Licensed Embalmer No. 4073

P. O. Address Stover Mo.

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

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