

12-40
17-39
X23159

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **583**

1. PLACE OF DEATH:
 (a) County **Buchanan**
 (b) City or town **St. Joseph, Missouri**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Savoy Hotel (421 S. 6th St.)
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **1 day**
 years, months or days

3. (a) PRINT FULL NAME **Elmer J. Schuff**
 (b) If veteran, name war _____
 3. (c) Social Security No. **707-05-3311**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Ethel Schuff**
 6. (c) Age of husband or wife if alive **48** years
 7. Birth date of deceased **Nov. 15, 1892**
 (Month) (Day) (Year)

8. AGE: Years **48** Months **6** Days **19**
 If less than one day hr. min.

9. Birthplace **Burlington Iowa**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Railroad Clerk**

11. Industry or business _____

MOTHER FATHER
 12. Name **Anton Schuff**
 13. Birthplace **Germany**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Anna Marie (UNK)**
 15. Birthplace **Rockport New York**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Ralph A. Schuff**

(b) Address **3212 Holdridge, Lincoln, Nebr**

17. (a) **Burial** (b) Date thereof **June 6, 1941**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hannibal, Mo.**

18. (a) Signature of funeral director _____

(b) Address **Fleeman and Son, Inc**

19. (a) **6/4/41** (b) **H. J. Mundy**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Ralls**
 (c) City or town **Hannibal**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **2116 Broadway**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **4th**
 year **1941** hour **7** minute **00 A.**

21. I hereby certify that I attended the deceased from **June 4, 1941** to _____, 19____;
 that I last saw _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Suicide by poisoning** Duration **1 day**
Nichotine Sulphate
Black Fly # 40 insecticide
 Due to **One fluid ounce**

Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy **no**

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) **suicide**
 (b) Date of occurrence **June 4 - 1941**
 (c) Where did injury occur? **St. Joseph, Buchanan Mo.**
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Hotel room
 (Specify type of place)

While at work? **no** (e) Means of injury **Liquid poisoning**

23. Signature **H. J. Mundy** (M.D. or other) **D. Corbier**
 Address **404 So 3d** Date signed **6/4/41**

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

JUN 21 1941

JUN 24 1941

JUL 31 1941

JAN 25 1945

FEB 18 1945

FEB 20 1945

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 Ma

....., Registered Apprentice No. Ma
working under my personal supervision.

Signed Geo E Danie

Licensed Embalmer No. 3300

P. O. Address St Joseph

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, fact should be so stated above.