

No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20961

State File No.

FILLED JUL 19 1941

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 169

1. PLACE OF DEATH:

(a) County. Adair

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

(c) Name of hospital or institution:
Community Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 6 days
(Specify whether years, months or days)

In this community. 6 days

3. (a) PRINT FULL NAME Perl May Schucht

3. (b) If veteran, name war. --- 3. (c) Social Security No. ---

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

6. (b) Name of husband or wife. Wilhelm Schucht 6. (c) Age of husband or wife if alive. 57 years

7. Birth date of deceased. November 19 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

57 6 22 ..hr. min.

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

10. Usual occupation. Housewife

11. Industry or business. Domestic

12. Name. Frank M. Mitchell

13. Birthplace. DK Iowa
(City, town, or county) (State or foreign country)

14. Maiden name. Mary Hart

15. Birthplace. DK Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant. Elnora Hutton

(b) Address. Lebanon Mo. R. 5

17. (a) Burial (b) Date thereof. 6-15-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Cambria, Iowa

18. (a) Signature of funeral director. Davis Funeral Home

(b) Address. Kirksville, Missouri

19. (a) June 12/41 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Pulaski

(c) City or town. Richland
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 1

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1941 hour 5 minute 40 P.M.

21. I hereby certify that I attended the deceased from June 6, 1941, to June 11, 1941, that I last saw her alive on June 11, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death. Suprastatic Pneumonia

Due to. Cerebral Hemorrhage

Due to _____

Other conditions. None of 70
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations. No operations

Of autopsy. None - No 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? _____

3 While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature. D. P. Schucht (M. _____) 58
Address. 121 S. Central Kirksville Date signed 6/11/41

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

RECEIVED

District Health Officer No. 10

District File Number 7-41-1366

Date Filed JUL 16 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 Harold V. Kizal

Licensed Embalmer No. 4076

P. O. Address Kenberville?

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.