

1941 11 22
District No. _____

Primary Registration District No. 6226

1. PLACE OF DEATH:

(a) County Wright Clark Twp
(b) City or town Morwood Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Charles T. Schoonover

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

4. Sex M 6. Color or race white 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Gambrozon 1858
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation Carpenter

11. Industry or business _____

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant _____

(b) Address _____

17. (a) Burial (b) Date thereof 11-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Trus Cemetery

18. (a) Signature of funeral director Paul J. Hines

(b) Address Morwood Mo

19. (a) 8-6-41 (b) Roy A. Burnett
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 118
(c) City or town Morwood
(If outside city or town limit, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1941 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from 11/16 to 11/19, 1941,
that I last saw him alive on 11/17, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia

Due to Cold

Due to 100

Other conditions Myocardial Insufficiency
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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) _____
(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? _____

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

23. Signature L. J. Wang (M. D. or other) _____
Address Morwood Date signed 11/19/41

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

MOTHER FATHER

114
0
0

828

RECEIVED

District Health Officer No. 6,

District File Number 841-1345

Date Filed AUG 7 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 _____

Ella J. Bouldin

Licensed Embalmer No. _____

1969

P. O. Address _____

Norwood, Missouri

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26495

Registration District No. 1122

Primary Registration District No. 6226

Registrar's No. 18

1. PLACE OF DEATH:

(a) County St. Louis

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Schoonover

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1944 Month _____ Day _____
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I first saw him/her alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

4. Sex m

5. Color or race sk

6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years _____ Months _____ Days _____ (if less than one day _____ min.)

Due to _____

Due to _____

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

16. (a) Informant Frank Kuffman

(b) Address Norwood Mo

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 9-23-41 (b) Ray A Burnett
(Date received local registrar) (Registrar's signature)

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)

(b) 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 _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

