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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED SEP 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27711
Registrar's No. 139

Registration District No. 26

Primary Registration District No. 3002

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

1. PLACE OF DEATH
(a) County Audrain
(b) City or town Mexico (City)
(c) Name of hospital or institution Audrain Hospital
(d) Length of stay: In hospital or institution 1 Day
In this community 1 Day

3. (a) PRINT FULL NAME Frank W. Scheuler
(b) If veteran, name war
(c) Social Security No. None

4. Sex Male
5. Color or race white
6. (a) Single, widowed, married divorced, married
6. (b) Name of husband or wife Christine Scheuler
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Sept 25 1876

8. AGE: Years 67 Months 10 Days 26

9. Birthplace Osage County Mo.

10. Usual occupation Retired

11. Industry or business

12. Name Herbert Scheuler

13. Birthplace Osage County Mo.

14. Maiden name Yearling

15. Birthplace Osage County Mo.

16. (a) Informant Herbert Scheuler

(b) Address Marshfield Mo

17. (a) Burial (b) Date thereof 7-23-41

(c) Place: burial or cremation Martineburg Mo

18. (a) Signature of funeral director J. B. Kelly

(b) Address N. Wells Mo
(c) Date received local registrar Aug 21-41
(d) Registrar's signature Blanche Neely

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Audrain
(c) City or town Martineburg
(d) Street No.
(e) If foreign born, how long in U. S. A?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21
year 1941 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from 12-20 1941 to 12-21 1941
that I last saw him alive on 12-21 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction from adheions
Due to Cholelithiasis

Due to 120

Other conditions (Include pregnancy within 3 months of death)

Major findings Of operation Intestinal Obstruction Cholelithiasis
Of autopsy r

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?
(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 Frank Kelley (M. D. or other) M.D.
Address Mexico Mo Date signed 8/21/41

208

Handwritten notes and signatures at the top of the page.

RECEIVED

District Health Officer No. 10

District File Number 7-41-1675

Date Filed SEP 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 Self or by _____

8-21-41

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Handwritten signature of K.B. Hills

Licensed Embalmer No. _____

1088

P. O. Address _____

Handwritten address: Hillsville Mo

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.