

No. 2
-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29068

FILLED SEP 12 1941
Registration District No. 288

Primary Registration District No. 3092

Registrar's No. 266

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. RFD # 5. Sedalia
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26
year 1941 hour _____ minute 12 M.
21. I hereby certify that I attended the deceased from Aug 23 1941 to Aug 26 1941
that I last saw him alive on Aug 26 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Strangulation
Sperme
Due to The same 15 days
Other conditions Phlegm / Hemiplegia
Chronic Pharyng PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy 1950
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME

Oscar H. Schuerman

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 Lydia 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Dec. 1, 1884
(Month) (Day) (Year)

8. AGE: Years 56 Months 8 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Franklin Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Not Employed

11. Industry or business _____

12. Name Herman Schuerman

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

14. Maiden name Anna Hoelscher

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

16. (a) Informant Mrs. O.H. Schuerman

(b) Address Sedalia, Mo. RFD # 5.

17. (a) Burial (b) Date thereof 8-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Gillespie Funeral Home
Sedalia, Mo.

(b) Address _____

19. (a) 8-28-41 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following: 11/32
(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? Sedalia Pettis MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
At home (Specify type of place)

While at work? _____ (e) Means of injury Self Throat

23. White (Specify race)
White (Specify color)
White (Specify hair)
White (Specify eyes)
White (Specify teeth)
White (Specify nails)
White (Specify skin)
White (Specify other)

23. (a) _____ (b) _____
Address _____ Date signed 8/28/41

(Licensed Embalmer's Statement on Reverse Side)

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

760

80

7

0

MOTHER FATHER

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed
H-10-6

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 *L. L. Boulton*

Licensed Embalmer No. 3867

P. O. Address Sedalia, 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.