S. No. 2
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P I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED NOV 13 1941

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Fitch

State File No. 34918

Registrar's No. 809

Primary Registration District No. 2001

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

9
2
6

1. PLACE OF DEATH:

(a) County GREENE

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

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

(d) Length of stay: In hospital or institution five weeks (Specify whether
In this community 72 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 930 E. Pacific 6
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John Clayton Schrable

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased August (Month) 20 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
72	1	17	hr. min.

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

10. Usual occupation Machinist

11. Industry or business Frisco R.R.

FATHER
12. Name John Schrable
13. Birthplace Van Buren (City, town, or county) North Carolina (State or foreign country)

MOTHER
14. Maiden name Margaret J Hays
15. Birthplace Unknown (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant Mrs. Margaret Hunziker
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 9 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 10-9-41 (Date received local registrar) (b) W.E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7
year 1941 hour 2 minute 20 a. M.

21. I hereby certify that I attended the deceased from Aug 1 1941 to Oct 7 1941;
that I last saw him alive on Oct 7 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gangrene of Leg	5 Weeks
Due to Arterio-Sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature [signature] (M. D. or other) MD
Address Springfield Mo Date signed 10/9/41

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(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 2457

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.