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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 1941

Registration District No. 417

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38569

Primary Registration District No. 5021

Registrar's No. 97

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town WEBB CITY: [illegible] township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
JANE CHINN HOSPITAL ~~[illegible] mile E. of~~
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 47 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carterville 5
(If outside city or town limits, write "RURAL")

(d) Street No. 212 Kane Street 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Minnie Schulze

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

4. Sex F. 1 5. Color or race W. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Theodore Schulze 6. (c) Age of husband or wife if alive NO DATA years

7. Birth date of deceased May (Month) 21 (Day) 1894 (Year)

8. AGE: Years	Months	Days	If less than one day
47	5	9	hr. min.

9. Birthplace Webb City (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation housewife

11. Industry or business home

FATHER
12. Name Charles W. Evans
13. Birthplace no data (City, town, or county) 4 England (State or foreign country)

MOTHER
14. Maiden name Sarah Yadon
15. Birthplace no data (City, town, or county) 1 Texas (State or foreign country)

16. (a) Informant hus. Theodore Schulze
(b) Address Carterville

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/2/41 (Month) (Day) (Year)
(c) Place: burial or cremation Carterville Cemetery

18. (a) Signature of funeral director Hedge-Nelson
(b) Address Webb City, Missouri

19. (a) NOV. 2. 41 (Date received local registrar) (b) [illegible] M.D. (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30
year 1941 hour 12:40 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19__ to _____, 19__;
that I last saw h[illegible] alive on Did not see her alive
and that death occurred on the date and hour stated above.

Immediate cause of death broken neck
broken back compound
fracture right fore any
Due to Auto-mobile accident

Due to _____

Other conditions _____
(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) Accident
(b) Date of occurrence Oct. 30, 1941 0[illegible]
(c) Where did injury occur? Highway #66 (City or town) Jasper (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public highway #66-71
(Specify type of place)
While at work? (e) Means of injury 3

23. Signature R. W. Webster Coroner (M. D. or other)
Address Carthage Mo Date signed Oct 31 41.

(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.....

P. O. Address.....

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

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