

FILED MAR 19 1942
Registration District No. 184

Primary Registration District No. 3008

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

1. PLACE OF DEATH: *Callaway*
 (a) County: _____
 (b) City or town: *Gulton Mo*
 (c) Name of hospital or institution: *State Hospital No. 1*
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution *Jan. 21-42 to Feb. 42*
 (Specify whether _____)
 In this community: *27 days*
 years, months or days)

3. (a) PRINT FULL NAME: *Minnie Schoenthal*
 (b) If veteran, name war: *no*
 (c) Social Security No.: *none*

4. Sex: *Female*
 5. Color or race: *W*
 6. (a) Single, widowed, married, divorced: *widowed*
 (b) Name of husband or wife: *Rudolph Schoenthal*
 (c) Age of husband or wife if alive: _____ years
 7. Birth date of deceased: *Sept 17 1868*
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<i>73</i>	<i>4</i>	<i>29</i>	hr. min.

9. Birthplace: *Moniteau County Mo U*
 (City, town, or county) (State or foreign country)

10. Usual occupation: *None*

11. Industry or business: *None*

MOTHER FATHER
 12. Name: *Charles Dietzel U*
 13. Birthplace: *Germany*
 (City, town, or county) (State or foreign country)
 14. Maiden name: *Sarahy Holstein*
 15. Birthplace: *Germany U*
 (City, town, or county) (State or foreign country)

16. (a) Informant: *Mrs Connie Wolf U*

(b) Address: *Prairie Home Mo*

17. (a) *Buried* (b) Date thereof: *2/17/42*
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: *Germany Mo*

18. (a) Signature of funeral director: *Callaway*
 (b) Address: *California Mo*

19. (a) *2-15-42* (b) *Jones*
 (Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: *Missouri* (b) County: *Cooper 27*
 (c) City or town: *Prairie Home 0*
 (If outside city or town limits, write "RURAL")
 (d) Street No.: _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: *Feb* day: *15th*
 year: *1942* hour: *8* minute: *15 A.M.*

21. I hereby certify that I attended the deceased from: *Jan 21 1942 to Feb 15th 1942*
 that I last saw her alive on: *Feb 14 1942*
 and that death occurred on the date and hour stated above.

Immediate cause of death: *chronic myocarditis*
 Due to: *Smaliged arteris sclerom*

Other conditions: *Senile Psychosis*
 (Include pregnancy within 3 months of death)

Major findings: Of operations: *93A*
 Of autopsy: *none*

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify): *none*
 (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: *C. P. Tate* (M. D. or _____)
 Address: _____ Date signed: *2-15-42*

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

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 Hugh E. Williams
Licensed Embalmer No. 3537
P. O. Address California 5th

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.