

FILED AUG 10 1942
Registration District No. 198

Primary Registration District No. 3011

Registrar's No. 107

24
1
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community about 30 y w (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clay 24
(c) City or town Excelsior springs 1
(If outside city or town limits, write "RURAL")
(d) Street No. 302 n Main 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Fredrick Schenke

3. (b) If veteran, name war no 3. (c) Social Security No. 4

4. Sex male 5. Color or Grace w 6. (a) Single, widowed, married, 1 divorced m
6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive 5 years 1852
7. Birth date of deceased now (Month) (Day) (Year)

8. AGE: Years 89 Months 7 Days 28 If less than one day hr. min.

9. Birthplace 4 Germany (City, town, or county) (State or foreign country)

10. Usual occupation Hotel Porter

11. Industry or business

MOTHER FATHER
12. Name unknown
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Miss F. Shank
(b) Address 2754 W. Jackson Blvd Chicago
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6-42 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director G. Laidrichard
(b) Address Excelsior Springs mo
19. (a) 7-6-42 (Date received local registrar) (b) Miss Edna Redman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1942 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 24 1942 to July 3 1942
that I last saw him alive on July 3 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis (ch)
arteriosclerosis
Due to Severe toxemia

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 938
Of autopsy 938
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?

While at work (Specify type of place) (e) Means of injury
23. Signature K. M. Crater (M. D. or other)
Address Excelsior Springs mo Date signed 7/6/42

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 8-7-42

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.....

Bernard Beeny

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Bernard Beeny

Licensed Embalmer No.....

4161

P. O. Address.....

Greenville Springs, N.C.

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.