

FILED DEC 9 1942

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 352

14
2

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

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(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 2 1/2 yrs 5m 20d
(Specify whether years, months or days) yes

3. (a) PRINT FULL NAME Mrs Mavis Schneider
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex F 1 5. Color or race W
6. (a) Single, widowed, married 2 divorced
6. (b) Name of husband or wife George Schneider
6. (c) Age of husband or wife if alive deceased years 1872
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 70 Months Days If less than one day 2 hr. min.

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER
12. Name SK
13. Birthplace SK 9
(City, town, or county) (State or foreign country)
14. Maiden name SK
15. Birthplace SK 9
(City, town, or county) (State or foreign country)
16. (a) Informant Record
(b) Address _____

17. (a) Buried (b) Date thereof Nov 6, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wagon City, Mo

18. (a) Signature of funeral director Geo. Schneider
(b) Address Fulton, Missouri

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 14
(c) City or town Kansas City 2
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6
year 1942 hour 5 minute 0 M.

21. I hereby certify that I attended the deceased from 11/6/42 1942 to 11/6/42 1942
that I last saw him alive on 11/5/42 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis
Due to Chronic Nephritis
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 1318
Of operations _____
Of autopsy _____

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 George J. Pears (M. D. or other) MD
Address Fulton Mo Date signed 11/6/42

1147

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

Albert E. White

Licensed Embalmer No.

4168

P. O. Address

Fulton, 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.

2B
1-41
9285

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36807

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 352

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: State Hosp # 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME Miriam Schneider

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 70 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 11-6-1942 (Date received local registrar) (b) Jacques Morsinkhoff (Registrar's signature)

Duration _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY

S-36807