

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41061**

FILED JAN 15 1943

Registration District No. **408**

Primary Registration District No. **3028**

Registrar's No. **243**

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days
(Specify whether years, months or days)

In this community 76 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 1156 S. Maple
(If rural, give location)

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

If yes, name country: ---

3. (a) PRINT FULL NAME Alice Julisa Schooler

3. (b) If veteran, name war: No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Isaac N. Schooler

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

7. Birth date of deceased: October 22 1858
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>84</u>	<u>1</u>	<u>10</u>	hr. min.

9. Birthplace: Salem Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business: None

MOTHER FATHER

12. Name: John Gowing

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

14. Maiden name: Unknown

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

16. (a) Informant: Mrs. Phil Culbertson

(b) Address: 529 N. Sargeant, Joplin, Mo.

17. (a) Burial (b) Date thereof: Dec. 4, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Park Cemetery

18. (a) Signature of funeral director: Knell Mortuary

(b) Address: Carthage, Missouri

19. (a) 12/3/42 (b) Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 28 year 1942 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from 11-28 to 12-2 1942

that I last saw h. alive on 12-2-42 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia

Due to: Fractured left hip

Other conditions: 186/110
(Include pregnancy within 3 months of death)

Major findings: 186/110
Of operations:

Of autopsy:

Duration: 2da
5da

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): fell at home

(b) Date of occurrence: 12-28-42

(c) Where did injury occur? Home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? _____ (Specify type of place)

(e) Means of injury: _____

23. Signature: Dr. Russell Smith M.D. or other _____

Address: Carthage, Mo Date signed: _____

42-12-1054

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..... *Ernest R. [unclear]*
Licensed Embalmer No. *391*
P. O. Address *Baraboo*

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.