DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2322

State File No.

FILED FEB 9 1943

Registration District No. 326 131

Primary Registration District No. 4496 4202

Registrar's No. 11

1. PLACE OF DEATH:

(a) County: Grundy

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

(c) Name of hospital or institution: At home
(If not in hospital or institution, write street number or location)

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

In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Grundy

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

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

(e) Citizen of foreign country? (Yes or No): 0

If yes, name country: 0

3. (a) PRINT FULL NAME: Charles Edward Schooler

3. (b) If veteran, name war: –

3. (c) Social Security No.: –

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Ollie Mae Schooler

6. (c) Age of husband or wife if alive: 59 years

7. Birth date of deceased: Sept. (Month) 24 (Day) 1875 (Year)

8. AGE: Years 67 Months 2 Days 26 If less than one day ... hr. ... min.

9. Birthplace: Spickard Grundy Co. Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Undertaker + Funeral Director

11. Industry or business: Furniture + Funeral Business

FATHER
12. Name: Perry Schooler
13. Birthplace: Grundy Co. Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name: Cordelia J. Connell
15. Birthplace: Grundy Co. Mo (City, town, or county) 0 (State or foreign country)

16. (a) Informant: Mrs Ollie Mae Schooler

(b) Address: Spickard, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-22-1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Masonic Cemetery

18. (a) Signature of funeral director: Schooler Funeral Home

(b) Address: Spickard, Mo.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30 year 1942 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1, 1941 to Dec 21, 1942 that I last saw him alive on Dec 20, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetes Mellitus — Duration

Due to:

Due to:

Other conditions: 0
(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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: E W Irving (M. D. or other)

Address: Spickard Mo Date signed 12-24-42

1194

(Licensed Embalmer's Statement on Reverse Side)

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

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 Ross Wise

Licensed Embalmer No. 3771

P. O. Address Spickard Mo

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

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

No. 2B
8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2322

Registration District No. 131 Primary Registration District No. 4202 Registrar's No. 11

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

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town Spickard
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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 Charles Edward Schaeler
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 24 (Day) 1878 (Year)

8. AGE: Years 67 Months 2 Days 26 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
FATHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) Jan 1 43 (Date received local registrar) (b) John E. Keil (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 20 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY