

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

ED FEB 4 1943, 73.

Registration District No.

Primary Registration District No. 4273

Registrar's No. 1

1. PLACE OF DEATH:

(a) County LAFAYETTE
(b) City or town CONCORDIA MO.
(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.
In this community ALL HIS LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAFAYETTE
(c) City or town CONCORDIA MO.
(d) Street No.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME WILLIAM C. SCHULTZ

3. (b) If veteran, name war No
3. (c) Social Security No. 140

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife No
6. (c) Age of husband or wife if alive 140 years

7. Birth date of deceased SEPT 1 1864
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 1
If less than one day hr. min.

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

10. Usual occupation FARMER

11. Industry or business FARMING

12. Name FRED RICK SCHULTZ

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

14. Maiden name UNKNOWN

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

16. (a) Informant OTTO MARTIN

(b) Address CONCORDIA MO

17. (a) BURIAL (b) Date thereof JAN 5 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LUTHERAN CEMETERY

18. (a) Signature of funeral director F. S. JAMES

(b) Address CONCORDIA MO

19. (a) Jan 4 - 1943 (b) Mrs. Walter Walkerhorst
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 2
year 1943 hour 9 minute 30 PM.

21. I hereby certify that I attended the deceased from April 1, 1943 to Jan 2, 1943
that I last saw him alive on Jan 1, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Heat failure

Due to Arteriosclerosis

Due to Diabetes

Other conditions (Include pregnancy within 3 months of death) 6/1

Major findings: Of operations
Of autopsy

Duration
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?
(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 Gordon and Shuman (M. D. or other)
Address Concordia MO Date signed 3-43

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

MOTHER FATHER

1238

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number.....

Filed 2-3-43

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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed E. S. James
Licensed Embalmer No. 2058
P. O. Address Concordia Mo

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

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