

FILED SEP 28 1942

Registration District No. 1942

Primary Registration District No. 55-5-6

Registrar's No. 600

1. PLACE OF DEATH:

(a) County Howell
(b) City or town Rural, Mountain View, Mo.
(c) Name of hospital or institution: Walker Chappell No Corp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No
In this community 4 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell 046
(c) City or town Mountain View, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Hungary

3. (a) PRINT FULL NAME Martin Schultz

3. (b) If veteran, name war no 3. (c) Social Security No. 523-05-0649

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Schultz 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug, 7th 1887
(Month) (Day) (Year)

8. AGE: Years 56 Months 16 Days hr. min.
If less than one day

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

10. Usual occupation Farming

11. Industry or business
MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant Mary Schultz
(b) Address Mountain View, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug, 27-43
(Month) (Day) (Year)
(c) Place: burial or cremation Walker Chappell Cem.

18. (a) Signature of funeral director John G. Stuenkel
(b) Address Mountain View, Mo

19. (a) 8-29-43 (b) Ruth Hunt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23
year 1943 hour 7 minute P M.

21. I hereby certify that I attended the deceased from 8-17-43 to 8-25-43
that I last saw him alive on 8-23- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia
Duration 3 days

Due to Fall from truck on highway, which caused chest injury
Due to two weeks prior to onset of pneumonia.

Other conditions (Include pregnancy within 3 months of death)
Major findings: 170c-8
Of operations JH
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) Accident 046
(b) Date of occurrence 8-9-43
(c) Where did injury occur? Mountain View Road Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work? yes (Specify type of place) (e) Means of injury contusion of chest
23. Signature W. Callahan (M. D.)
Address Willow Springs, Mo Date signed 8/27/43

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

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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 _____

Licensed Embalmer No. 2516

P. O. Address Mountain View

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.