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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED FEB 18 1944

Registration District No. 18

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5086

State File No. 6495

Registrar's No.

1. PLACE OF DEATH:  
(a) County Bates  
(b) City or town Homer Twp  
(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  
In this community 40 years  
years, months or days)

8. (a) PRINT FULL NAME Nando Schlichman  
3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 30 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 3 22 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Chalk Level Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Henry Schlichman  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Marie Leeten  
15. Birthplace Germany 11  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Henry Morwood  
(b) Address Amsterdam Missouri

17. (a) Burial (b) Date thereof 1-22-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Wabexy Cemetery

18. (a) Signature of funeral director Archer Mangold  
(b) Address Amsterdam, Mo.

19. (a) Jan 28-44 (b) Viola L Silla  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Bates 0  
(c) City or town Homer Twp 0  
(If outside city or town limit, 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 Jan day 22  
year 1944 hour 12 minute 30 a.m.  
21. I hereby certify that I attended the deceased from Jan 15 to Jan 22 1944  
that I last saw him alive on Jan 21 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Myocarditis  
Due to \_\_\_\_\_  
Pneumonia Bronchial  
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 1  
23. Signature L. D. L. H. H. H. (M. D. or other) md  
Address Butler, Mo Date signed 2-2-44

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

RECEIVED

District Health Officer No. 11

District File Number 1-44-179

Date Filed 2-17-44

**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

*E. M. Mygold*

Licensed Embalmer No. 3610

P.O. Address Amsterdam 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, above space should be left blank.**