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1-2-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11269

State File No. ....

FILED MAR 27 1944

Registration District No. 36

Primary Registration District No. 2001

Registrar's No. 136

19  
2  
5  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. John's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 week (Specify whether  
In this community 2 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jasper  
(c) City or town Joplin  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1719 Wall Avenue  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Ferdinand Scheckel

3. (b) If veteran, name war unknown (c) Social Security No. 514-01-7458

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, married  
(b) Name of husband or wife Margaret Scheckel (c) Age of husband or wife if alive years

7. Birth date of deceased August 24, 1875 (Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 10 If less than one day hr. min.

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

10. Usual occupation carpenter

11. Industry or business

MOTHER FATHER { 12. Name John Scheckel

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

14. Maiden name Frances Gatz

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

16. (a) Informant Mrs. Margaret Scheckel

(b) Address 1719 Wall, Joplin, Mo.

17. (a) Burial (b) Date thereof 3/8/44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cemetery

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 3-7-44 (b) Gustav Sudholter (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1944 hour 8 minute P M

21. I hereby certify that I attended the deceased from Jan Feb 5, 44 to Mar 5, 44 that I last saw him alive on Mar 5, 44 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Vasculer stenosis with heart block.

Due to

Due to: Pyloric stenosis, ulcers and duodenal hemorrhage

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d

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) (c) Means of injury

23. Signature A. L. Craighead (M. D. or other)

Address Joplin, Mo. Date signed

B. 7-44

44-9-240

MAY 18 1950

FEB 5 1945

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin mo

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.