

FILED OCT 11 1944

Registration District No. 75

Primary Registration District No. 5301

Registrar's No. 48

1. PLACE OF DEATH:
 Clinton
 (a) County
 (b) City or town Rural Shoal Twp.
 (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) 1
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 Missouri Clinton 25
 (a) State (b) County
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Shoal Twp.
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT: Chas. L. Schlorff.
 FULL NAME
 3. (b) If veteran, name was NO
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 11th
 year 1944 hour 4 minute _____ P. _____ M. _____

4. Sex Male 0
 5. Color or race white
 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 March 13th 1875
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 2 1944 to Sept 11 1944
 that I last saw him alive on Sept 10 1944
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
69 5 28 _____ hr. _____ min.

Immediate cause of death
Other Pneumonia

9. Birthplace Clinton Co. MO.
 (City, town, or county) (State or foreign country)

Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

10. Usual occupation Farmer
 11. Industry or business Farming

Major findings:
 Of operations _____
 Of autopsy _____

MOTHER FATHER
 12. Name Fredrick Schlorff
 13. Birthplace XX Germany 4
 (City, town, or county) (State or foreign country)
 14. Maiden name Emma Boettcher
 15. Birthplace XXX Germany 1
 (City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Mrs. Laura Dale
 (b) Address Cameron, Mo.
 17. (a) Burial (b) Date thereof Sept. 13, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Harlin Cemetery Clinton Co.,
 18. (a) Signature of funeral director C. Moore
 (b) Address Cameron, Mo.
 19. (a) 9-13-1944 Mrs. Kathleen Harris
 (Date received local registrar) (Registrar's signature)

23. Signature M. S. Dale (M. D. or other)
 Address Cameron Mo. Date signed 9/12/44

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

2565

AUG 1958

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 W Moore.....

Licensed Embalmer No. 1180.....

P. O. Address Cameron 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.