

FILED NOV 28 1944

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **1162**

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1323 South 15th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1323 South 15th
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JOHN SCHUDER

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex 0 male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Augusta 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased October 21 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 0 25 hr. min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation retired cashier
11. Industry or business Burlington Railroad

MOTHER FATHER {
12. Name George Schuder
13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Yack
15. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Schuder
(b) Address 1323 So. 15th
17. (a) burial (b) Date thereof 11/18/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter B. Bole & Bowman
(b) Address 319 So. 10th
19. (a) 11/17/44 (b) Walter B. Bole
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16
year 1944 hour 3 minute A M.

21. I hereby certify that I attended the deceased from 11-13
1944 to 11-16 1944
that I last saw him alive on 11-15 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction of heart with acute arterio-sclerosis generalised.
Due to _____
Due to _____

Other conditions (Include pregnancy within 5 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) _____ Means of injury

23. Signature A. J. Smith (M. D. or other)
Address PS 5 1307 Date signed 11-17-44

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

at Jorsh md.

Dr. A. J. Smith
Phy 1 Surg. Bldg.

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 Frank A. Bowma

Licensed Embalmer No. 1710

P. O. Address St. Joseph M.

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.