

FILED JUN 11 1945

Registration District No. 196

Primary Registration District No. 5716

Registrar's No. 3

1. PLACE OF DEATH:

(a) County McDonald  
(b) City or town Rural 506 P. 11 mi  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: none  
(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 12 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald  
(c) City or town Rural 60  
(If outside city or town limits, write "RURAL")  
(d) Street No. Road No. R#2  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRED. CHARLES SCHULTZ

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Katherine Schultz 6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased March 2 1879  
(Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

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

MOTHER FATHER {  
12. Name No Record 9  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name No Record 7  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Katherine Schultz

(b) Address Road No. R#2

17. (a) Rural (b) Date thereof 4 6 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Muncie Chapel, Wheelton

18. (a) Signature of funeral director W.B. McKee Sr

(b) Address Wheelton, Mo

19. (a) May-29-45 (b) Mrs. M. George  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4  
year 1945 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from June  
\_\_\_\_\_, 1944, to April 4, 1945  
that I last saw him alive on April 4, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolism fatal

Due to chronic indocentia 1 year

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy g.f.a.

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 2

23. Signature H. J. Franzen (M. D. or other) MD  
Address Road No Date signed April 6

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

RECEIVED

District Health Officer No. 6;

District File Number 645-647

Date Filed JUN 7 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 Wm. Marcus Payne  
Licensed Embalmer No. 3442  
P. O. Address Wheaton, 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.