

FILED AUG 7 1945

Registration District No. _____

Primary Registration District No. 5305

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Rural Liberty, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Jefferson City Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether In this community years, months or days) 82 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cole

(c) City or town Jefferson City Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Liberty, Mo.
(If rural, give location)

(e) Citizen of foreign country? _____
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Joseph J. Schnieders

3. (b) If veteran name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10-45
1945 year. 4 hour 15 minutes A M.

21. I hereby certify that I attended the deceased from July 9-45
July 10 1945 July 10 1945
that I last saw him alive on _____
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Helen

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 21 1863
(Month) (Day) (Year)

Immediate cause of death Apoplexy

Duration 10 hrs

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>7</u>	<u>21</u>	hr. min.

Due to age

9. Birthplace Joas Mo Calo 0
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Farmer

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

11. Industry or business _____

Major findings: Of operations _____

12. Name B. W. Schnieders

Of autopsy None

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

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

14. Maiden name Antonia Tante

15. Birthplace Joas Mo IL
(City, town, or county) (State or foreign country)

16. (a) Informant Anthony Schnieders

(b) Address Jefferson City Mo

17. (a) Burial (b) Date thereof 7/12/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Joas Cemetery

18. (a) Signature of funeral director Victor B. ...

(b) Address Jefferson City Mo

19. (a) 7-12-45 (b) Joseph J. Schnieders
(Date received) (Residence) (Signature)

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 _____

23. Signature L. A. G. Meyer M.D.

Address Jefferson City 7/10/45 Date signed _____

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

CC 5

194

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 8-1-45

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 Victor Bensch.....

Licensed Embalmer No. 3701.....

P. O. Address Jefferson City 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.