

FILED SEP 13 1945

Registration District No. 6236

Primary Registration District No. 6236

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Rural (Charette twosp.)
(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)
(d) Length of stay: In hospital or institution 10 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 109
(c) City or town Warrenton
(If outside city or town limits, write "RURAL") /
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry William Schulz

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Thelma Garnett 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased March 16, 1892
(Month) (Day) (Year)

8. AGE: Years 53 Months 5 Days 5 If less than one day hr. min.

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

10. Usual occupation Rural Mail Carrier

11. Industry or business _____

12. Name Chas. Wm. Schulz

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

14. Maiden name Minnie Miller

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

16. (a) Informant Carl Schulz

(b) Address Vandalia, Mo.
17. (a) Burial (b) Date thereof 8-23-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia, Mo.

18. (a) Signature of funeral director F. W. Nieburg & Co.
(b) Address Warrenton, Mo.

19. (a) Aug 25, 1945 (b) Echel Kehr
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 21
year 1945 hour about 12 minute NOON

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
(residents of George Jung)
By accidently being hit
by death due to clothing
being saturated by gasoline
Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

Duration

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) accident 109
(b) Date of occurrence Aug. 21, 1945
(c) Where did injury occur? on highway
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on Public Highway

While at work? yes (Specify type of place) (c) Means of injury being hit by
23. Signature D. P. A. Kugle (M. D. or other)
Address Warrenton Mo. Date signed Aug 22

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

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 9-12-45

OCT 1 1945

NOV 2 1945

FEB 8 1957

SEP 20 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 _____

John E. Herling, Registered Apprentice No. 375,
working under my personal supervision.

Signed John E. Herling

Licensed Embalmer No. 3897

P. O. Address Warrenton, 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.