

FILED DEC 21 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 266

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 55 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 76
(c) City or town Chambers Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George B. Schowengerdt

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ada Schowengerdt 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Feb 1 1899
(Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 28 If less than one day 14 hr. 53 min.

9. Birthplace Hopewell Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business _____

12. Name Hermann G. Schowengerdt

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

14. Maiden name Mary Wardenhan

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

16. (a) Informant Bernard G. Schowengerdt
(b) Address Chambers Mo.

17. (a) Burial (b) Date thereof Dec 2 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery
(d) Signature of funeral director Otto T. Stockerich
(e) Address Chambers Mo.

19. (a) 12-1-45 (b) R.B. Norris MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29
year 1945 hour 2 P.M. minute 53 M.

21. I hereby certify that I attended the deceased from 11-23-45 to 11-29-45, 1945.
that I last saw him alive on 11-29-45 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration Left

Due to _____
Due to _____

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

Major findings: _____
Of operations none
Of autopsy 108

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 _____

23. Signature W. O. McElroy M.D. or other _____
Address Jefferson City Mo Date signed 12-1-45

1431

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

16
54

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 12-18-45

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 Fred P. Dulle

Licensed Embalmer No. 3890

P. O. Address Jeff 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.