

S. No. 2
M-5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2756 ✓

FILED FEB 28 1946
Registration District No. 128 Primary Registration District No. 5466 State File No. Registrar's No. 32

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town RURAL, S. CAMPBELL TWP.
(c) Name of hospital or institution OZARK OSTEOPATHIC HOSPITAL
(d) Length of stay: In hospital or institution 8 hrs.
In this community... years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield
(d) Street No. 1601 E. Florida
(e) Citizen of foreign country? No.
If yes, name country

3. (a) PRINT FULL NAME Henry Herman Schornhorst
3. (b) If veteran, name war UNK. 3. (c) Social Security No. UNK.
4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased Dec 7, 1877 (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1 day 10 year 1946 hour 2:15 minute 4 P.M.
21. I hereby certify that I attended the deceased from 1-9 1946 to 1-10 1946
that I last saw him alive on 1-10 1946 and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 1 Days 3 If less than one day hr. min.
9. Birthplace Milford Kansas (City, town, or county) (State or foreign country)

Immediate cause of death: SMOKE
Due to STRANGULATED INGUINAL HERNIA
Due to
Other conditions (Include pregnancy within 3 months of death) 1220

MOTHER FATHER
11. Industry or business
12. Name August Schornhorst
13. Birthplace unk. Germany
14. Maiden name Anna Zurbinske
15. Birthplace Unknown Germany
16. (a) Informant Mrs. Mary E. Schornhorst
(b) Address 1601 E. Florida, Springfield, Mo.
17. (a) Burial (b) Date thereof 1-13-46 (c) Place: burial or cremation Green Lawn
18. (a) Signature of funeral director J. W. Illinger & Co.
(b) Address Springfield, Mo.
19. (a) 1-13-46 (b) R. C. Michael (c) 5 W. Grandly

Major findings: STRANGULATED INGUINAL HERNIA
Of operations
Of autopsy
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 R. C. Michael (M. D. or Other) Address Springfield, Mo. Date signed

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

9

1117

111

(Licensed Embalmer's Statement on Reverse Side)

4

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.....

Ogle Stone Jr.

Licensed Embalmer No.....

4176

P. O. Address.....

Springfield 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.

8