

S. No. 2
OM-5-43
ev. 5-17-39
I X36871

State File No. _____

FILED JUN 10 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 631

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Methodist Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days
(Specify whether years, months or days)

In this community 3 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 522 Birch St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Aubrey Martin Schatzman

3. (b) If veteran, name war W.W.#1

3. (c) Social Security No. 191-01-4544

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Marie

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased October 8 1899
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|-----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>46</u> | <u>7</u> | <u>20</u> | hr. min. |

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

10. Usual occupation Mgr. Holland Furnace Co.

11. Industry or business _____

12. Name C.W. Schatzman

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

14. Maiden name Claudia Clift
(City, town, or county) (State or foreign country)

15. Birthplace Fort Scott Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Marie Schatzman

(b) Address St Joseph, Missouri.

17. (a) Burial (b) Date thereof 5-31-46
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Fleeman & Son Inc.

(b) Address St Joseph, Mo.

19. (a) June 5, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1946 hour 8 minute 30A M.

21. I hereby certify that I attended the deceased from 1945 to 5/28-1946
that I last saw him alive on 5/28-1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia of left lung - Et adnecia of R lung -

Due to Cancer R. - lung with secondary infection of

Due to R lung, Et of metastases of bowels.

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

Major findings: Of operations _____

Of autopsy Same as above -

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 B B Summons (M. D. or other) _____
Address St Joseph Mo Date signed 5/28/46

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

14710

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JUL 2 1968

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, Robert H. Maple

Robert H. Maple, ~~Registered Embalmer~~ Apprentice, ~~Not~~ working under my personal supervision.

Signed Robert H. Maple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.