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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20007

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 521

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

18001

1. PLACE OF DEATH:

(a) County: Greene

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

(c) Name of hospital or institution: 507 N. Farmer Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 50 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene

(c) City or town: Springfield
(If outside city or town limits, write "RURAL")

(d) Street No.: 507 N. Farmer Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: ERNESTINE SCHWUCHOW

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Bernhardt Schwuchow

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

7. Birth date of deceased: April (Month) 15, (Day) 1860 (Year)

8. AGE: Years 86 Months 2 Days 0 If less than one day ____ hr. ____ min.

9. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)

10. Usual occupation: None

11. Industry or business: None

FATHER
12. Name: Theodore Weirauch
13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name: Caroline Kempe
15. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant: Mrs. Marie Engleking
(b) Address: Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 18, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenlawn Cemetery

18. (a) Signature of funeral director: Fred C. Thieme
(b) Address: Springfield, Missouri

19. (a) 6-17-46 (Date received local registrar) (b) W. S. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th year 1946 hour 6:10 P.M. minute ____ M.

21. I hereby certify that I attended the deceased from 6-7-46, 19__, to 6-15-46, 19__; that I last saw he alive on 6-13-46, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Degenerative Heart Disease	
& Decompensation	6 mo
Due to: Senility	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: NO	
Of autopsy:	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: [illegible] (M. D. or other)
Address: Springfield, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....Ralph Thieme.....

Licensed Embalmer No.....3681.....

, P. O. Address.....Springfield, Missouri.....

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.