

No. 2  
-12.45  
-17.39  
X47070

FILED NOV 7 1946  
Registration District No. 294

Primary Registration District No. 3056

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

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution:  
470 Woodland  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME John F. Schueneman

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male (Color or race White)

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased: Sept 8 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 1 13 hr. min.

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

10. Usual occupation Retired Carpenter

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name August Schueneman

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

14. Maiden name Dorothy Spellmeyer

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

16. (a) Informant Fern Schueneman

(b) Address Moberly, Mo

17. (a) Burial (b) Date thereof Oct. 22-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mahow and Son

(b) Address Moberly Mo

19. (a) Oct-22-46 (b) Leola Williams Jones  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. 470 Woodland  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21<sup>st</sup>  
year 1946 hour \_\_\_\_\_ minute 4<sup>30</sup> A.M.

21. I hereby certify that I attended the deceased from Oct 19 46  
2 19 \_\_\_\_\_ to Oct 21 19 46  
that I last saw him alive on Oct 20 10 PM 19 46  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Cerebral Hemorrhage 2 dn

Due to arterio sclerosis

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy §3A

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 [Signature] (M. D. or other) \_\_\_\_\_

Address Moberly Mo Date signed 10/20/46

RECEIVED  
District Health Officer No. 10  
District Health Officer No. 10  
OCT 31 1946

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 Frank O. DeWitt

Licensed Embalmer No. 3021

P. O. Address Mobley, Md.

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.