. S. No. 2
DM—8-43
v. 5-17-39
Ho I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1947

Registration District No. 114

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4186

State File No. 4484

Registrar's No. 118

1. PLACE OF DEATH:
(a) County: Franklin
(b) City or town: Sullivan (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: North Side Hospital Sullivan Mo (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1/2 hour (Specify whether years, months or days) In this community: passing through

2. USUAL RESIDENCE OF DECEASED:
(a) State: Michigan (b) County: 999
(c) City or town: Benton Harber (If outside city or town limits, write "RURAL") 20 0
(d) Street No.: 866 Pearl Street (If rural, give location) 2
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Enid Alden Schotz
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Fred L. Schotz
6. (c) Age of husband or wife if alive: 47 years
7. Birth date of deceased: March (Month) 12 (Day) 1899 (Year)
8. AGE: Years 47 Months 11 Days 16 If less than one day hr. min.
9. Birthplace: Schoolcraft (City, town, or county) Mich. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Home
MOTHER FATHER
12. Name: Samuel Reaves
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name: Alice Newkirk
15. Birthplace: Unknown (City, town, or county) Mich. (State or foreign country)
16. (a) Informant: Fred L. Schotz
(b) Address: 866 Pearl St. Benton Harber Mich.
17. (a) Removal and Burial (Burial, cremation, removal) (b) Date thereof: 3/6/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Benton Harber Mich.
18. (a) Signature of funeral director: Thos. P. Shaffer
(b) Address: Sullivan, Mo.
19. (a) 3-1-47 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28th year 1947 hour 04 minute P. M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Due to automobile accident on U.S. Highway 66 - 4 mi. East of Sullivan Mo and Death was Due to Fracture of Skull
Due to: and Crushed Chest
Duration

Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 1704-8 1 2 3 4
Of autopsy: 0

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): Accident 36
(b) Date of occurrence: February 28th 1947
(c) Where did injury occur? Sullivan (City or town) Franklin (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 66 - 4 mi East Sullivan Mo (Specify type of place)
While at work? No (e) Means of injury: Accident
23. Signature: E. F. Oltmann Coroner (M. D. or other)
Address: Union Mo Date signed: 2/28/47

97 (Licensed Embalmer's Statement on Reverse Side) Coll with other M. Vehicle

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAR 3 1947

MAR 23 1947

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 Thos. P. Shoffner

Licensed Embalmer No. 92

P. O. Address Sullivan 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.