

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

National Office of Vital Statistics
FILED FEB 3 1948

Registration District No. 4

Primary Registration District No. 1000

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 Mo. Meth. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 days
(Specify whether years, months or days)

In this community 6 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. 1313 No. 10th 7
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Elmer H. Schildknecht

3. (b) If veteran No name war _____

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Ida Belle Schildknecht

6. (c) Age of husband or wife if alive 16 years 1865

7. Birth date of deceased: September 16 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>√</u>	<u>82</u>	<u>3</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace Frederick County Maryland
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Grocery

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant M. L. Schildknecht

(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 1/17/48
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Heaton Burdman

(b) Address St. Joseph, Mo.

19. (a) 1-27-48 (b) L. B. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14
year 1948 hour 3 minute 53 P.M.

21. I hereby certify that I attended the deceased from December 23 1947 to January 14 1948
that I last saw him alive on January 14 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Arteriosclerotic Heart Disease</u>	<u>Ukn.</u>
<u>Due to: General Arteriosclerosis</u>	<u>Ukn.</u>
Due to _____	_____
Other conditions (Include pregnancy within 3 months of death)	_____
Major findings: Of operations _____	_____
Of autopsy _____	_____

PHYSICIAN _____

Underline the cause of 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 0

23. Signature Ann W. [unclear] (M. D. 1948)

Address The Tootle Bldg., St. Joseph, Mo. Date signed 1-16-48

MAY 26 1948

FEB 4 1948

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.....

William Spalding..... Registered Apprentice No. *28*
working under my personal supervision.

Signed *Eugene Wood*.....

Licensed Embalmer No. *3804*.....

P. O. Address. *319 South 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.