

S. No. 2  
M-5-43  
7. 5-17-39  
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FILED OCT 11 1948

State File No. \_\_\_\_\_  
Registrar's No. 51

Registration District No. 29 Primary Registration District No. 4170

1. PLACE OF DEATH:  
(a) County DeKalb  
(b) City or town Union Star, Mo.  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 66 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County DeKalb  
(c) City or town Union Star, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Frederick Schuttler  
3. (b) If veteran name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 16  
year 1948 hour 7 minute a.m.  
21. I hereby certify that I attended the deceased from 9-16 1948 to 9-16 1948  
that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Anna Schuttler 6. (c) Age of husband or wife if alive 75 years  
7. Birth date of deceased Jan. 2, 1866  
(Month) (Day) (Year)

Immediate cause of death Cerebral thrombosis  
Cerebral sclerosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
82 8 14 \_\_\_\_\_ hr \_\_\_\_\_ min.

9. Birthplace Elmore Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business  
12. Name Henry Schuttler  
13. Birthplace Hamburg Germany  
14. Maiden name Worg Strautman  
15. Birthplace Hamburg Germany

16. (a) Informant Mrs. J. F. Schuttler  
(b) Address Union Star, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 18, 1948  
(Month) (Day) (Year)

(c) Place: burial or cremation Union Star, Mo.

18. (a) Signature of funeral director Livie M. Wilson  
(b) Address King City, Mo.

19. (a) Sept. 15, 1948 (Date received local registrar) (b) [Signature] (Registrar's signature)

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 940  
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 2  
23. Signature W. H. Coe (M. D. or other) MD  
Address Union Star, Mo. Date signed 9/16/48

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

MOTHER FATHER

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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..... *Lucile M. Wilson* .....

Licensed Embalmer No..... *2830* .....

P. O. Address..... *King City, 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.