No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

37219

State File No. 11-48-141

FILED DEC 1 1948

Registration District No. 20

Primary Registration District No. 4264

Registrar's No. 141

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Conway
(If outside city or town limits, write "RURAL" and name of township)
(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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 321 N Kickapoo 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) /
If yes, name country .....

3. (a) PRINT FULL NAME Eugene L Schuler
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ima Jane Allen
6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased July (Month) 2 (Day) 1921 (Year)

8. AGE:	Years	Months	Days	If less than one day
	27	4	6	..... hr. ..... min.

9. Birthplace Jefferson Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation Section Hand on R.R.
11. Industry or business .....
FATHER
12. Name L. E. ~~Allen~~ Schuler
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Ida F. Walls
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Mrs. E. L. Schuler
(b) Address Conway Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/48 (Month) (Day) (Year)
(c) Place: burial or cremation Lebanon Cem
18. (a) Signature of funeral director Palmer
(b) Address Lebanon Mo.
19. (a) 11-22-48 (Date received local registrar) (b) Tressie B Lynly (Registrar's signature) 4/4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 10
year 1948 hour 7 minute 6 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.

	Duration
Immediate cause of death Gunshot wound in Chest	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

166

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) Homicide
(b) Date of occurrence 11-10-1948
(c) Where did injury occur? Conway (City or town) Laclede (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Residence of Father in Law. (Specify type of place)
While at work? No (e) Means of injury Shot Gun
23. Signature R A Palmer (Grover) (M. D. or other) 11/20/48
Address Lebanon Mo Date signed 3

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

AUG 22 1949

DEC 6 1949

DEC 9 1948

DEC 29 1948

JUN 2 1950

JAN 4 1955

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 Emmett E. Everett, Registered Apprentice No. 246 working under my personal supervision.

Signed L. R. Palmer

Licensed Embalmer No. 2208

P. O. Address

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.