

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1949 FEB 14 1949

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2341

State File No. _____

Registration District No. 218

Primary Registration District No. 3015

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Boonville, Mo.

(c) Name of hospital or institution: Dr. Alex Van Ravensway Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Days
(Specify whether years, months or days)

In this community 20 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau Co.

(c) City or town Near Jamestown, Mo.
(If outside city or town limits write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME William Henry Schull

(b) If veteran, name war No

(c) Social Security No. 496-14-1206

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4th. year 1941 hour 8 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Dec. 25 1940, to Jan 4 1941; that I last saw him alive on Jan 4 1941; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Etta E. Schull 6. (c) Age of husband or wife if alive 65 Yrs years

7. Birth date of deceased October 12, 1872
(Month) (Day) (Year)

Immediate cause of death Ca. of liver

Due to _____

Due to _____

Other conditions Obstructive Jaundice
(Include pregnancy within 3 months of death)

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

68 2 23 hr. min.

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER { 12. Name William H. Schull

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

14. Maiden name Catherine Oswald

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

16. (a) Informant Mrs. Etta Schull

(b) Address Jamestown Mo

17. (a) Burial (b) Date thereof Jan. 7/1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Zion Cemetery

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? No

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature Dubrey H. Wells (M. D. or other) _____

Address Boonville Mo Date signed Jan 5 1941

18. (a) Signature of funeral director L. J. Mauder

(b) Address Boonville Mo

19. (a) 1-7-41 (b) D. Cooper
(Date received local registrar) (Registrar's signature)

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

9221-74-1706

RECEIVED
District Health Officer No. 8,
District File Number 2-6-41
Date Filed

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.....

working under my personal supervision.

..... Registered Apprentice No.

Signed Paul T. Hectney

Licensed Embalmer No. 3598

P. O. Address Moberly 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, above space should be left blank.