

FILED NOV 11 1941  
318

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
39  
2  
6

1. PLACE OF DEATH  
 (a) County GREENE  
 (b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. John's Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Hospital 13hrs  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Lawrence  
 (c) City or town Aurora  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 22 West South St.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME John Thomas Schnelle

3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Annie Schnelle 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased October 18 1853  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>11</u>	<u>29</u>	hr. _____ min. _____

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

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name Erin F Schnelle

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

14. Maiden name Sarah Jane Hawkins

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

16. (a) Informant Mr H. J. Schnelle

(b) Address Aurora Mo.

17. (a) Burial (b) Date thereof 10/19/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director J. F. King

(b) Address Aurora Mo.

19. (a) 10-18-41 (b) W. E. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct., day 17  
year 1941 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from October 14,  
1941 to October 15, 1941

that I last saw him alive on October 14, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration

Due to Hypertension

Due to \_\_\_\_\_

Other conditions Severe nasal hemorrhage  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
832

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) \_\_\_\_\_

(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 \_\_\_\_\_

Signature W. E. Handley (M. D. or other) D

Address 600 Medical Arts Date signed 10/18/41

**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.....

*Herman Lumidge*

Licensed Embalmer No. 3072

P. O. Address Aurora 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.**