

REC'D JUN 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18205
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 293
(b) Township Boles Primary Registration District No. 5411 Registered No. _____
(c) City Pacific, (NEAR) (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 70 yrs. 1 mos. 9 ds. (f) How long in U.S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME

*****EMELIE SCHLEMPER***** 451
(a) Residence, No. Franklin Co, Missouri St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF XXXXXX
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 20, 1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 1 9
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as saw mill, bank, etc. Her home
10. Date deceased last worked at this occupation (month and year) Jan. 1938 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co, Mo.

FATHER 13. NAME Charles Schlemper
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Amalia Heipertz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Wally Schlemper
(ADDRESS) RFD #1, Pacific, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Home Burial Ground 5/31/38

19. FUNERAL DIRECTOR (NAME) John L. Thiebes
(ADDRESS) Pacific, Mo.

20. FILED 6-5-38 Mary B. Green
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 29, 1938 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-13- 1937, to 5-28- 1938

I last saw her alive on 5-28- 1938. Death is said to have occurred on the date stated above, at 7 AM m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 11-13-37

Other contributory causes of importance:

Coronary atherosclerosis 1 1/2 years

Name of operator Removal of heart Date of May 1937

What test confirmed diagnosis? Path. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Wally Schlemper, M. D.

(Address) Pacific 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,

Geo. J. Tucker or by

Registered Apprentice No., working under my personal supervision.

Signed,

Licensed Embalmer No. *3008*

P. O. Address *Geo. J. Tucker*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.