

REC'D AUG 24 1938

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

25164
Do not use this space.

1. PLACE OF DEATH
(a) County Cooper Registration District No. 222
(b) Township Pilot Grove Primary Registration District No. 4135
(c) City Pilot Grove (d) Street No. RFD Registered No. 6
(e) Length of residence in city or town where death occurred 6 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)
2. PRINT FULL NAME Maggie Ferguson Schlotzhauser
(a) Residence, No. Pilot Grove, Mo. St. 1125
(Usual place of abode, if no street address, write county or city) (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chris Schlotzhauser
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11 - 1854
7. AGE YEARS 87 MONTHS 6 DAYS 13 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Jan 1936 11. Total time (years) spent in this occupation 60
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Smithton Missouri
13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Missouri
17. INFORMANT (ADDRESS) Charles Schlotzhauser Pilot Grove Mo.
18. BURIAL, CREMATION OR REMOVAL PLACE Pilot Grove Mo DATE 7-25-38
19. FUNERAL DIRECTOR (ADDRESS) Hay & Stocklin Pilot Grove Mo
20. FILED July 25, 1938 Mrs. E. B. McEachern Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1938
22. I HEREBY CERTIFY That I attended deceased from July 10, 1938 to July 24, 1938
I last saw him alive on July 20, 1938. Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset July 10
Other contributory causes of importance:
Arterio Sclerosis
Name of operation no Date of.....
What test confirmed diagnosis? Chemo Was there an autopsy?
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 no
Nature of injury no
24. Was disease of injury in any way related to occupation of deceased?
If so, specify Chas. Legrandy, M.D.
(Signed) Chas. Legrandy (Address) Pilot Grove, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, PE Hayes, Licensed Embalmer No. 3074

hereby certify that the body recorded on the reverse side of this certificate was embalmed by PE Hayes.

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed PE Hayes
Licensed Embalmer No. 3074

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.)