

SPM.
JAN 24 1938

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

43805
Do not use this space.

1. PLACE OF DEATH
 (a) County Mississippi Registration District No. 567
 (b) Township East Prairie Primary Registration District No. 4334
 (c) City East Prairie (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME FLORA ANN SCHNEIDER
 (a) Residence, No. EAST PRAIRIE 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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Schneider

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 9, 1883

7. AGE YEARS 55 MONTHS 9 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Keeping house.

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) Oct. 7, 1938 11. Total time (years) spent in this occupation LIFE

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Appleton City, Mo.

FATHER 13. NAME Smith Duffy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) George Schneider East Prairie

18. BURIAL, CREMATION, OR REMOVAL PLACE C.O.F. DATE 12/17/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Harold N. Shelby East Prairie

20. FILED Dec 17 1938 Miss D. M. Hodge Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1938, to Dec. 15, 1938
 Last saw her alive on Dec. 15, 1938 Death is said to have occurred on the date stated above, at 12 P. m.
 The principal cause of death and related causes of importance were as follows:
Cancer Leg
Metastatic Lung

Date of onset _____

Other contributory causes of importance: 52

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) D. O. Martin, M. D.
E. G. ...

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.

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 Trevor N. Shelby

Licensed Embalmer No. ~~272~~ 272

P. O. Address East Prussia

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.