

1939 APR 13 1939

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

9883
Do not use this space.

1. PLACE OF DEATH
 (a) County Andrew Registration District No. 15
 (b) Township Platte Primary Registration District No. 3019
 (c) City Rea (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 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Dorente Schoen
 (a) Residence, No. Rea Mo. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herman Schoen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1 1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>79</u>	<u>8</u>	<u>28</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 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)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany 6

FATHER
 13. NAME Dorente August Henry 6
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caroline Niemeir 6
Germany

MOTHER
 15. MAIDEN NAME Caroline Niemeir 6
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
Germany

17. INFORMANT Hermah Schoen
 (ADDRESS) Rea Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Savannah DATE April 1, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. C. Breit
Savannah MO.

20. FILED April 4, 1939 Mrs E. C. Jefferies
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1939, to March 28, 1939
 I last saw her alive on March 28, 1939. Death is said to have occurred on the date stated above, at 1:00 PM
 The principal cause of death and related causes of importance were as follows:
Bronchial pneumonia
 Other contributory causes of importance: 107 W

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) V. R. Wilson M. D.
Rosendale Md (Address)

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X14028

RECEIVED

District Health Officer No. 11

District File Number 39-356

Date Filed APR 19 1936

Date Filed
District File Number

District Health Officer No. 11

RECEIVED

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, _____

E. C. Breit

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed *E. C. Breit*

Licensed Embalmer No. 2650

P. O. Address Savannah 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.