REC'D SEP 13 1939

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

29762
Do not use this space.

1. PLACE OF DEATH
(a) County Montgomery
(b) Township Loutre
(c) City Big-Spring, Mo.
(d) Street No. ..... St.
(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. ds.
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 590
Primary Registration District No. 4348
Registered No. .....

2. PRINT FULL NAME Jessie D. Schraer,
(a) Residence, No. Big Spring, 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 Wm Schraer,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10th 1899

7. AGE: 39 YEARS | MONTHS: 11 | DAYS: 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
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) Big Spring, Montgomery co. Mo.

FATHER
13. NAME Emil Bauer,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zurich Switzerland.

MOTHER
15. MAIDEN NAME Wilhelmina Kaunnewer,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prussia Germany.

17. INFORMANT (ADDRESS) Wm. Schraer, McKittrick Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Big Spring, Mo. DATE Sept 1st 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Barton Baker, Americus, Mo.

20. FILED Sept 1 1939 Blanche Scholten
57 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....
I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 3:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shot (22 long single shot) Three left Breast & Heart Self inflicted wound	8/30/39
Other contributory causes of importance: Dependency	March 1939

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Name of operation None 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? Suicide Date of injury 8/30, 1939
Where did injury occur? Farm - near Big Spring, Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. in farm home
Manner of injury Rifle Shot - self inflicted
Nature of injury 22 long rifle shot - suicide

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) E. J. T. Anderson, M. D.
(Address) Montgomery City, Mo
Coroner of Montgomery County

(Licensed Embalmer's Statement on Reverse Side)

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, ...

Barton Baker, ..., or by .....

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

Signed. Barton Baker

Licensed Embalmer No. 2438

P. O. Address: Americus, Mo.

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

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