

DEC'D SEP 21 1939

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

29914
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. k68
(b) Township _____ Primary Registration District No. 3032
(c) City Sedalia (d) Street No. Bothwell Hospital 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.

2. PRINT FULL NAME Katherine Schnakenberg

(a) Residence, No. Lincoln, Mo. Route # 1. 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arndt Schnakenberg
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12, 1885
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 9 16
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) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Mo.
13. NAME John Mueller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Christine Gerts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
17. INFORMANT (ADDRESS) Arndt Schnakenberg Lincoln, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln, Mo. DATE Aug. 30, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gillespie Funeral Home Sedalia, Mo.
20. FILED 8-29- 1930 Mrs Harry Sneed Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 28/39, 1939
22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1939, to Aug 28, 1939
I last saw her alive on Aug 28, 1939 Death is said to have occurred on the date stated above, at 9 PM.
The principal cause of death and related causes of importance were as follows:
Carcinoma of breast 1934
Date of onset 1934
SD
Other contributory causes of importance:
Metastases to lung
Name of operation _____ Date of _____
What test confirmed diagnosis? X Ray 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 A. L. Walter, M. D.
(Signed) Sedalia Mo (Address)

RECEIVED
District Health Officer No. 8,
State File Number
9/4/39

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, _____

L. E. Bouldin

or by _____

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

Signed _____

L. E. Bouldin

Licensed Embalmer No. _____

3867

P. O. Address _____

Dahlia 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.