

Registration District No. 561

Primary Registration District No. 4330

1. PLACE OF DEATH:

(a) County Miller 1
(b) City or town Eldon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Eldon Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
years, months or days) 3 days

3. (a) PRINT FULL NAME MARJORIE ANN SCHULTE
8. (b) If veteran, name war No 8. (c) Social Security No. No

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Francis Schulte 6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 30 1911
(Month) (Day) (Year)

8. AGE: Years 28 Months 2 Days 25 If less than one day hr. min.

9. Birthplace Miller Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business J. H. Newspaper

12. Name J. H. Newspaper
18. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Hester's
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Francis Schulte
(b) Address Burgess, Mo.

17. (a) Burial (b) Date thereof Oct. 26 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Marie's Home

18. (a) Signature of funeral director Phillip's Funeral Home
(b) Address Eldon Mo.

19. (a) 10-25-1939 (b) Belle Haignes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Miller
(c) City or town Marie's Home "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24
year 1939 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from 10-15, 1939, to 10-24, 1939
that I last saw her alive on 10-24, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Sepsis Duration 5 days

Due to puerperal fever
acute toxic infection follow
Due to shock

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 14 PHYSICIAN _____
Of autopsy _____ Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Jamard Allee (M. D. or other) MD
Address Eldon Mo Date signed 10-24-39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

REV. 8-17-39 I X1951

RECEIVED

Miller County Health Dept.

County File Number 39-125

Date Filed 11-10-39

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, or by.....

Louis D Phillips....., Registered Apprentice No.....
working under my personal supervision.

Signed Louis D Phillips.....

Licensed Embalmer No. 3163

P. O. Address Bedon

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.