

STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 10

Registration District No. 672

Primary Registration District No. 5851

1. PLACE OF DEATH:

(a) County OSAGE

(b) City or town Rich Fountain
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
At Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months & days)

3. (a) PRINT FULL NAME MARGARETE SCHOENEUE R 510

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Geo Schoeneuer 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Feb 16, 1859
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
80 8 4 hr. _____ min.9. Birthplace Rich Fountain, Mo.
(City, town, or county) (State or foreign country)10. Usual occupation House Wife

11. Industry or business _____

12. Name Antone Singer 618. Birthplace Germany
(City, town, or county) (State or foreign country) 914. Maiden name Unknown15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Frank Schoeneuer(b) Address Rich Fountain, Mo.17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 23, 1939
(Month) (Day) (Year)(c) Place: burial or cremation Rich Fountain, Mo.18. (a) Signature of funeral director Morton Funeral Home(b) Address Linn, Mo.19. (a) 1115 39 (Date received local registrar) (b) Mary K. Payer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage

(c) City or town Rich Fountain, Mo
(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 10 day 21
year 1939 hour 1:00 minute P. M.21. I hereby certify that I attended the deceased from July 1st, 1939, to Oct 21st, 1939; that I last saw her alive on 20 day of Oct, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Uremic ComaDue to Nephritis Chron

Due to _____

Other conditions (Include pregnancy within 3 months of death) 101

Major findings: Of operations _____

Of autopsy _____

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 Conrad S. Terhoff (M. D. or other) _____Address Westphalia Date signed 11/22/39

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.....

Vernon Morton

Registered Apprentice No. *165*

working under my personal supervision.

Signed.....

Victor Buescher

Licensed Embalmer No. *201*

P. O. Address.....

100 No.

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

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

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

36808

Do not use this space.

1. PLACE OF DEATH

(a) County Osage Registration District No. 975-
(b) Township Washington Primary Registration District No. 3861 B Registered No. 103
(c) City (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Margrete Dehoner

(a) Residence, No. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Wid
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Dehoner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-16-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 8 4

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) Rich Fountain (STATE OR COUNTRY) Mo

13. NAME Antonie Singer

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

15. MAIDEN NAME unknown

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

17. INFORMANT Frank Dehoner (ADDRESS) Rich Fountain Mo

18. BURIAL, CREMATION, OR REMOVAL PLACED Rich Fountain DATE Oct 23 1939

19. FUNERAL DIRECTOR Morton Funeral Home (ADDRESS) Lawrence, Mo

20. FILED 12-16 1939 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-21-1939

22. I HEREBY CERTIFY, That I attended deceased from July 1 - Sept 21, 1939. I last saw him alive on Oct 20, 1939. Death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

Uremic Coma
Septicemia
Other contributory causes of importance:

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) Howard J. Verhoff, M. D.
(Address) Meriden, Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S signature state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

