

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

40293
Do not use this space.

1. PLACE OF DEATH 2

(a) County Monteau Registration District No. 571
 (b) Township Wadsworth Primary Registration District No. 4385
 (c) City California (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred 21 yrs. mo. da. (f) How long in U. S., if of foreign birth? yrs. mo. da.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Rosa Elizabeth Scheidt

(a) Residence, No. 101 N. Owen St. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William W. Scheidt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 12, 1880</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>1</u>
	DAYS <u>17</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>barbering</u>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1939, to Nov 29, 1939
 I last saw h. alive on Nov, 29, 1939 Death is said to have occurred on the date stated above, at 11 A m.
 The principal cause of death and related causes of importance were as follows:

Chronic descending Tuberculosis

Date of onset	<u>May 1932</u>
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Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteau Co, Missouri

FATHER

13. NAME Henry W. Knierim

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteau Co, Mo. 6

MOTHER

15. MAIDEN NAME Louise J. Knierim

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteau Co, Mo.

17. INFORMANT (ADDRESS) Thos. A. Scheidt California mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Evangelical Cemetery DATE 12-1, 1939

19. FUNERAL DIRECTOR (NAME) J. W. Wilson & Son (ADDRESS) California, Mo.

20. FILED 11-30-39 1424 Popovoy Local Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? J. B. ... 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) J. C. Burke Jr. M. D.
514 (Address) California, mo

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.

22

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *A. E. Wilson*.....

Licensed Embalmer No. *2351*.....

P. O. Address *California, 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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

40293
Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 571
(b) Township Primary Registration District No. 4325 Registered No.
(c) City California (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.

2. PRINT FULL NAME Rosa Elizabeth Scheidt

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M
(Write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 1 17

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.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29 1939

22. I HEREBY CERTIFY, That I attended deceased from to 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the day stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Chronic Ulceration
Myocardial
Pneumonia

Date of onset

Other contributory causes of importance: 23

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) J. P. Burke, Jr., M. D.

(Address) California 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. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTAL

