

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

43798
Do not use this space.

RECORDED JAN 8 1940

1. PLACE OF DEATH
 (a) County Laclede Registration District No. 449
 (b) Township _____ Primary Registration District No. 4267 Registered No. _____
 (c) City Lebanon (d) Street No. Wallace 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 Eddella Francis Schuster
 (a) Residence, No. Plad, Mo 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 A 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William H. Schuster
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 27, 1881
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 8 17
 OCCUPATION 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) West. Virginia
 FATHER 13. NAME James W. Van Camp
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 MOTHER 15. MAIDEN NAME Martha Jane Trues
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 17. INFORMANT (ADDRESS) Mr. William H. Schuster
Plad Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Plad, Mo DATE Dec 16 1939
 19. FUNERAL DIRECTOR (ADDRESS) Palmer
LENNON MA
 20. FILED Dec 15 1939 J. M. Lamb Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 14, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1939 to Dec. 14, 1939.
 I last saw him alive on Dec. 14, 1939. Death is said to have occurred on the date stated above, at 3:40 P.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage Date of onset 12/10/39
 Other contributory causes of importance: Hypertension
 Name of operation none Date of _____
 What test confirmed diagnosis? Ph. exam Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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 _____
 (Signed) J. M. Lamb M. D.
 (Address) Lebanon 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.

RECEIVED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 12-22-39

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed *W. Bohner*

Licensed Embalmer No. 1161

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.)