

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2847
Do not use this space.

FILED FEB 12 1940

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 460
 (b) Township Dover Primary Registration District No. 4272
 (c) City London or (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 William Schreier
 (a) Residence, No. 80 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 Male 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 Raura Schreier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8, 1875

7. AGE YEARS 64 MONTHS 5 DAYS 23 If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Alma (STATE OR COUNTRY) Mo

FATHER 13. NAME Ernst Schreier
 14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Schoena
 16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT Sara Schreier (ADDRESS) London Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Courier DATE Jan 9 1940

19. FUNERAL DIRECTOR (NAME) Steph. J. Menard (ADDRESS) Hugginsville Mo

20. FILED Jan. 30 440 Tipton Webb Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1st 1940

22. I HEREBY CERTIFY That I attended deceased from Dec 29 1939, to Jan 1st 1940
 I last saw him alive on Dec 29, 1939. Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
Addison Disease Date of onset years
Secondary Pneumonia years
malnutrition year

Other contributory causes of importance:
None Name of operation None Date of
 What test confirmed diagnosis? None 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?
 (Signed) Ernest J. Moore, M. D.
 (Address) Hugginsville, 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.

District File Number *19140*
District File Number *19140*
OFFICER No. *81*

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 *Roy F. Wieggers*

Licensed Embalmer No. *2883*

P. O. Address *Higginsville, 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.