

Registration District No. **214**
1540

Primary Registration District No. **5774B**

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

1. PLACE OF DEATH:
 (a) County. **Moniteau**
 (b) City or town. **Russellville, Rural Bernis Ford**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. **2**
(Specify whether

2. USUAL RESIDENCE OF DECEASED:
 (a) State. **Missouri** (b) County. **Moniteau**
 (c) City or town. **Russellville, 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.

3. (a) PRINT FULL NAME. **Anna Elizabeth Schadwick 320**

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** **Widowed**

6. (b) Name of husband or wife. _____ **6. (c) Age of husband or wife if** _____
alive _____ years

7. Birth date of deceased. **Dec. 22 1863**
(Month) (Day) (Year)

| 8. AGE: | | | If less than one day |
|---------|--------|------|----------------------|
| Years | Months | Days | |
| 76 | 3 | 9 | hr. _____ min. |

9. Birthplace. **Austra Hungaria** **7**
(City, town, or county) (State or foreign country)

10. Usual occupation. **House Wife**

11. Industry or business. _____

12. Name. **No Record**

13. Birthplace. **No Record** **9**
(City, town, or county) (State or foreign country)

14. Maiden name. **No Record**
15. Birthplace. **No Record** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant. **Le e Schadwick**
(b) Address. **Jefferson City, Mo.**

17. (a) Burial **(b) Date thereof.** **Apr. 4th 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. **Enloe Cem.**

18. (a) Signature of funeral director. **G.N. Steffens**

(b) Address. **Russellville, Mo.**

19. (a) April 2 1940 **(b) Registrar's signature.** **Mrs. Mahel Poelke**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **1st:**
year **1940** hour **1-XX** minute **35 A.M.**

21. I hereby certify that I attended the deceased from **2/9** **1940** **to** **3/31** **1940**
that I last saw **UN** alive on **3/21** **1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** **Duration** _____

Due to _____

Due to **Lead Poisoning**

Other conditions **Lead Poisoning**
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy: _____

PHYSICIAN

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? _____

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

23. Signature. **John E. Murrell** **(M. D. or other)** **300**
Address. **Russellville, Mo.** **Date signed.** **4/1/40**

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.....

G. M. Steffens
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. *2307*

P. O. Address. *Russellville*

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.