

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15291

State File No. _____

Registration District No. 4573

Primary Registration District No. 4971

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Concordia
(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) 9
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life Time years, months or days 1931

3. (a) PRINT FULL NAME: Martha Schlickelman

8. (b) If veteran, name war _____ 8. (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 Fred Schlickelman 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec - 6 - 1884
(Month) (Day) (Year)

8. AGE: Years 55 Months 4 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Concordia Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Schrummer

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Margaretta Heber

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Schlickelman

(b) Address Concordia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 25 - 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Evy. Bethel Cemetery

18. (a) Signature of funeral director N. J. Duesending

(b) Address Concordia Mo

19. (a) 4-24-40 (Date received local registrar) (b) Bedward Shryman (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lafayette
(c) City or town Concordia
(If outside city or town limits, write "RURAL")
(d) Street No. 1506 Main St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1940 hour 8 - minute 05 A. M.

21. I hereby certify that I attended the deceased from April 19, 1940, to April 23, 1940;
that I last saw her alive on April 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 4 days

Due to Hypertension 10 years

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

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? _____

23. Signature Bedward Shryman (M. D. or other) _____

Address Bedward Shryman Date signed 4-24-40

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

4
2
0

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6/20-40

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *J.P. Owen*

Licensed Embalmer No. 3070

P. O. Address Wellington MD

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.