

FILED FEB 14 1941

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

1899 +

Do not use this space.

## 1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
 (b) Township St. Joseph Mo. Primary Registration District No. 001 Registered No. 129  
 (c) City St. Joseph Mo. Street No. 823 Taron Mercy Hospital  
 (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

(a) Residence, No. Ernest H. Schroeder  
Caldwell County Mo.  Kiddler Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10 Oct. 16 - 1903  
 7. AGE YEA(S) 37 MONTHS 3 DAYS 14 If LESS than 1 day, .....hrs. or .....min.

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. same  
 10. Date deceased last worked at this occupation (month and year) late Oct. 1940 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Medford, Oklahoma

13. NAME E. H. Schroeder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mercer County, Missouri

15. MAIDEN NAME Miss Hampshire

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mercer County, Missouri

17. INFORMANT (ADDRESS) W. S. Schroeder, Kiddler Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hendley Chapel, Feb. 2, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. F. Powell, Kiddler Mo.

20. FILED 1/31/41 19 N. Marblebush Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 30, 1941

22. I HEREBY CERTIFY That I attended deceased from January 30, 1941, to January 30, 1941  
 last saw him alive on January 30, 1941. Death is said to have occurred on the date stated above, 11:50 P.M.  
 The principal cause of death and related causes of importance were as follows:

Cerebral Embolism - following accident Date of onset Jan 30, 1941

Dislocation of the left hip and fracture of distal end of left femur

Other contributory causes of importance: Severe concussion - contusion of left side of head 1790

Name of operation None Date of 1790  
 What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide Accident Date of injury Jan 30, 1941

Where did injury occur? Caldwell County, Missouri  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Highway

Manner of injury Struck by truck while riding horse

Nature of injury Fractured femur - dislocation of femur - severe concussion

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify No

(Signed) Dr. W. S. Schroeder (Signed) W. S. Schroeder  
 (Address) 823 Taron Street

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X14023

**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, .....

H. F. Powell ....., or by .....

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

Signed H. F. Powell

Licensed Embalmer No. 1804

P. O. Address Bedder 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.**