

Registration District No. 73F

Primary Registration District No. 5964

Registrar's No. 1

1. PLACE OF DEATH:

(a) County RANDOLPH
 (b) City or town RURAL Prairie
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community 45 yrs.
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25
 year 1941 hour 5 minute 40 P.M.
 21. I hereby certify that I attended the deceased from Jan 15
 _____, 1941, to Jan 26, 1941
 that I last saw him alive on Jan 20, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage from stomach

Due to Carcinoma ST. PM. H.L.

Due to _____

Other conditions 46 lb
 (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? W.I.S.

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

23. Signature Rauvork (M. D. or other) D
 Address Clark Mo Date signed 1-22-41

3. (a) PRINT FULL NAME THEODOR FRIEDRICH SCHROEDER

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex M 5. Color or race W 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. Apr 5 1869
 (Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace BREESE ILL. 1
 (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER { 12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Ed Roberto
 (b) Address 322 W. Maple St. Mexico, Mo

17. (a) BURIAL (b) Date thereof Jan-28-1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chapel Grove

18. (a) Signature of funeral director Barnes & Booth
 (b) Address Sturgeon, Mo.
 19. (a) Jan 28 1941 (b) GT Harrison
 (Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 10

District File Number 2-41-230

Date Filed FEB 7 1949

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 *A. E. Booth*
Licensed Embalmer No. 4687
P. O. Address Sturgeon, 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.