

MAR 17 1941
Registration District No. 411

Primary Registration District No. 2002

49
2
5

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Freeman Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days.
(Specify whether In this community _____ years, months or days)

3. (a) PRINT FULL NAME CHRISTINA SCHWARTZ

8. (b) If veteran, name war. ✓ 8. (c) Social Security No. None

4. Sex Female race W. 5. Color or 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Fred Schwartz 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased March 15 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 33 If less than one day hr. min.

9. Birthplace Jessup, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Otto Schwartz
(b) Address Joplin, Mo.

17. (a) Removal (b) Date thereof 2-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Joplin, Mo.

18. (a) Signature of funeral director Ed Janner
(b) Address Joplin, Mo.

19. (a) 2-11-41 (b) Ed Janner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Cherokee 999

(c) City or town Galena 14
(If outside city or town limits, write "RURAL")

(d) Street No. 16th Joplin
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10
year 1941 hour 11:17 minute 10 P. M.

21. I hereby certify that I attended the deceased from 2-4-41
to 2-10-41, 19____, to 2-10-41, 19____,
that I last saw her alive on 2-10-41, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Central hemorrhage 14d
Duration

Due to _____

Due to _____ 9 1/2 hr

Other conditions (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? _____

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

23. Signature Ed Janner (M. D. or other) Ed Janner
Address _____ Date signed 2/10/41

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.....

Licensed Embalmer No.....

P. O. Address.....

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.