

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
APR 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10080**
Registrar's No. **270**

Registration District No. **85** Primary Registration District No. **1001**

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
In this community 9 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **02**
(a) State Missouri (b) County Andrew
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Cosby, Missouri R. F. D. 1 (If rural, give location)
(e) If foreign born, how long in U. S. A. years.

3. (a) PRINT FULL NAME Caroline Schneider
(b) If veteran, name war none (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 5
year 1941 hour 7 minute 20 a. m.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Henry 6. (c) Age of husband or wife if alive 1864 years
7. Birth date of deceased February 26 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Febr 24 1941
19 to March 5 1941
that I last saw her alive on March 4 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 0 Days 9 If less than one day hr. min.

Immediate cause of death Coronary Occlusion
Due to Arteriosclerosis General
Partial Obstruction of Bowels
and Infectious Parotitis

9. Birthplace Amazonia Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Housewife
11. Industry or business Home

Major findings: Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Nicholas Schreier
13. Birthplace Unknown Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Zimmerman
15. Birthplace Unknown Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Eva K. Ritter
(b) Address Savannah, Missouri
17. (a) burial (b) Date thereof March 8, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation Oak Ridge Cemetery
Cosby, Missouri
18. (a) Signature of funeral director Halter Meischner
(b) Address 1302 Farson, St. Joseph, Missouri
19. (a) Juan 7 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

(Specify type of place)
While at work? (c) Means of injury
23. Signature [Signature] (M. D. certificate) MAJ
Address Kirkpatrick Bldg. Date signed 3-5-41

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

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. Mo. 4154

P. O. Address St. Joseph, 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, fact should be so stated above.