

FILED APR 15 1941

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

11617  
Do not use this space.

1. PLACE OF DEATH

(a) County Perry Registration District No. 969  
 (b) Township Uniontown Primary Registration District No. 5877 Registered No. 0  
 (c) City Uniontown Mo (d) Street No. 1 St. \_\_\_\_\_  
 (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 5 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Julia Tresia Pender Schott

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State) D  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis Schott  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16, 1885  
 7. AGE YEARS 56 MONTHS 1 DAYS 19 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife  
 9. Industry or business in which work was done, as saw mill, bank, etc. Domestic work  
 10. Date deceased last worked at this occupation (month and year) April 1st 1941 11. Total time (years) spent in this occupation Entire

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County Mo.

FATHER  
 13. NAME Anton Pender  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uniontown Perry Co Mo

MOTHER  
 15. MAIDEN NAME Mary Henne mann  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uniontown Perry Co Mo

17. INFORMANT (ADDRESS) Hilda Meyer Uniontown Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Apple Creek Cem DATE 4/17/41

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ray Wirt Perryville Mo

20. FILED April 4, 1941 Ben Hatter Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4 1941  
 22. I HEREBY CERTIFY, that I attended deceased from Mar 4, 1941, to April 3d, 1941  
 I last saw him alive on Mar 20, 1941. Death is said to have occurred on the date stated above, at 7 a m.  
 The principal cause of death and related causes of importance were as follows:

App. of artery  
high blood pressure  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Purser Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) W. J. Miller M.D.  
 (Address) Wald Appleton Mo

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 importa

**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..... *Albert Berg* .....

Licensed Embalmer No..... *3866* .....

P. O. Address..... *Perryville, 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.**

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

Registration District No. 969

Primary Registration District No. 6877

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Perry  
(b) City or town Uniontown  
(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)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. near Uniontown  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Julia Tressia Ponder Schott  
3. (b) If veteran name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month apr day 4  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_;  
that I last saw him \_\_\_\_\_ on \_\_\_\_\_ 19 \_\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased (Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Duration \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
55 1 19 hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) April 4, 1941 (b) Ben Haller  
(Date received local registrar) (Registrar's signature)

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?  
While at work? (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature D. J. Miller (M. D. or other)

Address Old Appleton mo. Date signed \_\_\_\_\_

SUPPLEMENTARY

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

11617

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..... Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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