DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 1 1941

Registration District No. 460

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4274

State File No. 25413

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Higginsville Mo.
(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 49 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 0540

(a) State Mo. (b) County Lafayette

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

(d) Street No. Farm Near Higginsville Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mrs. Alvena Caroline Schwartz

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced /

6. (b) Name of husband or wife Carl Henry Schwartz

6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased Dec. (Month) 11 (Day) 1860 (Year)

8. AGE: Years 80 Months 6 Days 25 If less than one day hr. min.

9. Birthplace Warren County Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Wm. Nieman
13. Birthplace XXXXXXXX (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Wilhemenia Weffel
15. Birthplace Pitts Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant's own signature Anna Schwartz
(b) Address Higginsville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8-41 (Month) (Day) (Year)
(c) Place: burial or cremation Evangelical Cemetery

18. (a) Signature of funeral director A S Hodges
(b) Address Higginsville Mo.

19. (a) 7/31/41 (Date received local registrar) (b) T Henry Webb (Registrar's signature)

413

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7/6/41 day
year hour minute M.

21. I hereby certify that I attended the deceased from 6-22-41 ~~6-30~~, 19~~41~~, to 7-6-41, 19__;
that I last saw her alive on 7-5-41, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death O Edema — Diarrhoea on general breakdown.

Due to Mitral

Due to age 93 d

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

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

23. Signature W A Brackeen (M. D. ~~[illegible]~~)
Address Higginsville Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-1-41

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 Forest Rickhof

Licensed Embalmer No. 3637

P. O. Address Higginsville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.