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7-39
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FILED SEP 12 1941

Registration District No. 669

Primary Registration District No. 5897

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Rural Lakecreek Twp.
(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 Pettis

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Minnie Christina Schroeder

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13
year 1941 hour 1 minute 35 A. M.

4: Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Herman Schroeder

6. (c) Age of husband or wife if alive 17 years 1867

7. Birth date of deceased: June 17 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 10, 1941 to Aug 13, 1941
that I last saw him alive on Aug 13 and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 1 Days 27
If less than one day _____ hr. _____ min.

Immediate cause of death: Apoplexy

Due to: Arterio Sclerosis

Other conditions: _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation Housewife

Major findings: _____
Of operations: _____

Of autopsy: _____

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

11. Industry or business _____

12. Name Carl Schupp

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

14. Maiden name Mary Echholz

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

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? _____

16. (a) Informant Herman Schroeder

(b) Address Mora Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Aug. 14-1941
(Month) (Day) (Year)

(c) Place: burial or cremation Lamb Cemetery

18. (a) Signature of funeral director Rapp & Stevinson

(b) Address Stover, Mo.

19. (a) Aug 16 (Date received local registrar)

(b) Mrs J. L. Monser (Registrar's signature)

23. Signature [Signature] (M. D. or other)

Address Amurton Mo. Date signed _____

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

MOTHER FATHER

60
80
0

Duration

3 Da.

JBA

PHYSICIAN

Underline the cause to which death should be charged statistically.

[Signature]

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-10-41

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 *Carl Tapp*
Licensed Embalmer No. *3458*
P. O. Address *Stover, 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.