

FILLED OCT 16 1941

## STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 218

Primary Registration District No. 3015-

Registrar's No. 117

## 1. PLACE OF DEATH:

(a) County Cooper  
 (b) City or town Bonville  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St Joseph Hospital  
 (If in hospital or institution, write street number & location)  
 (d) Length of stay: In hospital or institution 12 hours  
 (Specify whether years, months or days)  
 In this community 51 years

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper  
 (c) City or town Bonville  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country ✓

3. (a) PRINT FULL NAME MARY-ANN-SCHUSTER.

3. (b) If veteran, name war no  
 3. (c) Social Security No. none.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
 (b) Name of husband or wife John Schuster 6. (c) Age of husband or wife if alive 53 years  
 Birth date of deceased August - 7 - 1890  
 (Month) (Day) (Year)

8. AGE: Years 51 Months 1 Days 2 If less than one day  
 hr. ✓ min. ✓

9. Birthplace Pilot Grove Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business ✓12. Name George Gross13. Birthplace Belleville Illinois  
(City, town, or county) (State or foreign country)14. Maiden name Edwabeth Peak15. Birthplace Pilot Grove Mo  
(City, town, or county) (State or foreign country)16. (a) Informant John Schuster(b) Address Blackwater Mo17. (a) Burial (b) Date thereof 9-11-41  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Martinsville, Ontario18. (a) Signature of funeral director Hays Gantner(b) Address Pilot Grove, Mo19. (a) 9-10-41 (b) B. B. Bower  
(Date received local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9  
year 1941 hour 5 minute 12.4 M.21. I hereby certify that I attended the deceased from 9-8 1941, to 9-9 1941,  
that I last saw her alive on 9-8 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma Duration 3 days  
Uremia 3 days

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 61

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?.....

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

23. Signature W. W. Blydenberg (M. D. or other) M.D.Address Bonville Date signed 9-11-41

DEC 22 1942

RECEIVED  
District Health Officer No. 8,  
District File Number  
10-14-41  
Date Filed

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 *Myse*

..... Registered Apprentice No. ....  
working under my personal supervision.

Signed  *Peyton E. Mayo*

Licensed Embalmer No. *3074*

P. O. Address *Pilot Grove, W*

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

If this body is not embalmed, fact should be so stated above.