

No. 2
-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7280

FILED MAR 3 5 1942
Registration District No. 5892

Primary Registration District No. 5757

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Rural - Osage (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 40 yrs. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Miller

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

(d) Street No. Iberia - No. R# 2 (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME ANTONETTE FRANCIS SCHULTZ

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

6. (b) Name of husband or wife John Schultz 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Oct. 15 - 1879 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13 year 1942 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from 1/23 1942, to 2/12 1942; that I last saw her alive on 2/12 1942; and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 3 Days 26 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Hemorrhage Duration 2 days

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

10. Usual occupation Housekeeper

Due to _____

Due to _____

Other conditions acute degeneration myocardial failure (Include pregnancy within 3 months of death) 3 years

MOTHER FATHER

11. Industry or business _____

12. Name John Gudemann

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

14. Maiden name Elizabeth Lampe

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

Major findings: 1

Of operations _____

Of autopsy § 20

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant John Schulte

(b) Address Iberia, Mo. R# 2

17. (a) Burial (b) Date thereof 2/16/42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Iberia, Mo. R# 2

18. (a) Signature of funeral director Ch. Casey

(b) Address Iberia - Mo

19. (a) Feb. 14 - 1942 (b) Jessie Perkins (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) (e) Means of injury ✓

23. Signature Wm. A. Gould (M. D. or other) DO.

Address Iberia Date signed 2/13/42

10.11 (Licensed Embalmer's Statement on Reverse Side)

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

0 of

26601
RECEIVED

Miller County Health Dep't.

County File Number 42-15

Date Filed 3/2/42

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 C. Casey
Licensed Embalmer No. 2694
P. O. Address Iberia, 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.