S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

11591

State File No.

Registration District No. 668 Primary Registration District No. 3032 Registrar's No. 108

1. PLACE OF DEATH:

(a) County PETTIS

(b) City or town SEDALIA (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BOTHWELL HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY (Specify whether

In this community 25 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County PETTIS

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

(d) Street No. So. Ky RFD #1 (If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME LAURA A. SCHULTZ

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FE 1

5. Color or race W

6. (a) Single, widowed, married, divorced MAR. 1

6. (b) Name of husband or wife WILLIAM

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased APRIL (Month) 3 (Day) 1873 (Year)

8. AGE: Years 68 Months 11 Days 12 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name Wm B THOMAS
13. Birthplace (City, town, or county) 1 Ky (State or foreign country)

MOTHER
14. Maiden name NANCY TRENT
15. Birthplace (City, town, or county) 1 Ky (State or foreign country)

16. (a) Informant Mrs LARRY SIBERI

(b) Address SEDALIA Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-17-42 (Month) (Day) (Year)

(c) Place: burial or cremation MEM. PARK

18. (a) Signature of funeral director Geo Dillard

(b) Address Sedalia

19. (a) 3/17/42 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 15 year 1942 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 14, 1942 to March 15, 1942 that I last saw her alive on March 14, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Chronic Nephritis and hypertension

Due to

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

Major findings:
Of operations

Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

131 b

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 U

23. Signature Cord Bohling (M. D. or other) MD

Address Sedalia Mo Date signed 3-17-42

1022 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 4-10-42

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 Geo Dillard

Licensed Embalmer No. 3868

P. O. Address Sedalia

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.