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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 22 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18639

State File No.

Registration District No. 641

Primary Registration District No. 5850

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Osage

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

(c) Name of hospital or institution: 1

(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 Osage 76 0

(c) City or town Meta 0 (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Henriette Christiane Schroeder

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

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

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

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Jan (Month) 26 (Day) 1873 (Year)

8. AGE: Years 69 Months 3 Days 16 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Heinrich Aufdengarten
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Anna Carbaum
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Henry Schroeder

(b) Address Meta, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/42 (Month) (Day) (Year)

(c) Place: burial or cremation Babbtown

18. (a) Signature of funeral director H. H. Strop

(b) Address Meta Mo

19. (a) 5/14/42 (Date received local registrar) (b) Pierce Rowan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th year 1942 hour 6 o'clock minute 30 A. M.

21. I hereby certify that I attended the deceased from May the 4th Year, 1942, to May the 12th 1942; that I last saw her alive on May the 8th 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	9 days
Due to Arteria Sclerosis and Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Henry C Werner (M. D. or other)

Address Meta Mo Date signed May 12

574 (Licensed Embalmer's Statement on Reverse Side)

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 H. H. Stop

Licensed Embalmer No. 2924

P. O. Address Meta 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.