20606

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 8 — Primary Registration District No. 203 — Registrar's No. 18

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

800

1. PLACE OF DEATH:

(a) County Benton

(b) City or town Rural Alexander Twp. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Wisdom Star Rt. Warsaw, Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 35 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton 8

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

(d) Street No. Wisdom Star Rt. Warsaw, Mo. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mary Elizabeth Schuster

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Louis Schuster

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased March (Month) 25 (Day) 1869 (Year)

8. AGE: Years 73 Months 2 Days 29 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

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

MOTHER
14. Maiden name Minnie Sandfoss
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Louis Schuster

(b) Address Wisdom Star Rt. Warsaw, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Hogles Creek Cemetery

18. (a) Signature of funeral director White - Reser

(b) Address Warsaw, Mo.

19. (a) 6/25/42 (Date received local registrar) (b) Jas. A. Logan (Registrar's signature)

65

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1942 hour 1 minute 05 A. M.

21. I hereby certify that I attended the deceased from 6-23, 1942, to 6-24, 1942; that I last saw her alive on June 23, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Uremic poisoning

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 0

23. Signature Lee Hurt (M. D. or other)

Address Warsaw, Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 7-42-6 92
Date Filed 7-6-42

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 [signature]

Licensed Embalmer No. 3053

P. O. Address Warsaw, 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.

. S. No. 2B
0M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20606

Registration District No. 8 Primary Registration District No. 203 Registrar's No.

1. PLACE OF DEATH:

(a) County: Benton

(b) City or town: Rural
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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: Mary E. Schuster

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: m

6. (b) Name of husband or wife

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

7. Birth date of deceased: Mar. (Month) 25 (Day) 1869 (Year)

8. AGE: Years 73 Months 2 Days 28 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremic Poisoning	
Due to: Chronic nephritis	
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 (M. D. ~~or other~~)

Address Marceline Date signed

SUPPLEMENTARY

13 b