

FILED OCT 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Silsby
30390
State File No.

Registrar's No. 646

Registration District No. 110

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution: Burge Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
In this community 18 YEARS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 2046 N. Johnson
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Josephine Schramm

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Frederick Schramm 6. (c) Age of husband or wife if alive Dec years
7. Birth date of deceased June 9 1881
(Month) (Day) (Year)

8. AGE: Years 61 Months 2 Days 24 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Andrew H. Johnson
13. Birthplace Unknown Sweden
(City, town, or county) (State or foreign country)
14. Maiden name Betty Pearson
15. Birthplace Unknown Sweden
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie Lundstrum

(b) Address Topeka, Kansas

17. (a) Burial (b) Date thereof Sept. 4, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Topeka, Kansas

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

(b) Address Springfield, Mo.

19. (a) 9-3-42 (b) H. W. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3 year 1942 hour 7 minute 10 a.m.

21. I hereby certify that I attended the deceased from Aug 29 42 to Sept 3 42 that I last saw her alive on Sept 3 and that death occurred on the date and hour stated above.

Immediate cause of death Shock Duration 12 hrs

Due to Strangulated hernia

Due to.....

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none
Of operations none
Of autopsy none
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 Dr. H. Silsby (M. D. or other)
Address Springfield Mo Date signed 9-3-42

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

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

Walter E. Hamilton

Licensed Embalmer No.

3808

P. O. Address

Springfield 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.

X