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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 4 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33569

State File No.

Registration District No. 218 — Primary Registration District No. 3017 — Registrar's No. 122

1. PLACE OF DEATH:

(a) County: Cooper

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

(c) Name of hospital or institution: St. Joseph Hospital. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 Weeks. (Specify whether years, months or days)
In this community: 87 Years.

2. USUAL RESIDENCE OF DECEASED: 27 1

(a) State: Missouri (b) County: Cooper

(c) City or town: Boonville 2
(If outside city or town limits, write "RURAL")

(d) Street No.: 123 High St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: —— 0

3. (a) PRINT FULL NAME: Mrs. Mary Ann Schaumburg.

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: Widowed

6. (b) Name of husband or wife: Otto Schaumburg.

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

7. Birth date of deceased: Oct. (Month) 7th. (Day) 1855 (Year)

8. AGE:

Years	Months	Days	If less than one day
87		6	hr. min.

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

10. Usual occupation: Housewife.

11. Industry or business: At Home.

FATHER
12. Name: G. H. Winkelmeyer.
13. Birthplace: Germany. 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Christina Walthers.
15. Birthplace: Germany. 4 (City, town, or county) (State or foreign country)

16. (a) Informant: Mr. L. O. Schaumburg.
(b) Address: Boonville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 15/1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Walnut Grove Cem.

18. (a) Signature of funeral director: Goodman & Bolles
(b) Address: Boonville, Mo.

19. (a) Oct 13-42 (Date received local registrar) (b) Dr Chas. Swap. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13 year 1943 hour 3:00 minute 30 - P. M.

21. I hereby certify that I attended the deceased from Sept 12, 1942, to Oct - 13, 1942; that I last saw h... alive on ..., 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Peritonitis.	4 days.
Due to: Retro-peritoneal abscess	1 week
Due to: Probably perforated appendix	?
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 152
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: W. H. Zigler (M. D. or other) M.D.
Address: Boonville Mo. Date signed 10-14-42

1088 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-2-42

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 G. F. Bohler

Licensed Embalmer No. 3062

P. O. Address Boonville, 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.