

FILED NOV 6 1942
Registration District No. **163**

Primary Registration District No. **2031**

Registrar's No. **53**

50
292
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Jefferson
(b) City or town De Soto
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
211 S. 2nd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5 years
years, months or day(s)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson
(c) City or town De Soto
(If outside city or town limits, write "RURAL")
(d) Street No. 211 S. 2nd St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: JOSEPHINE MARIE SCHWENK

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

4. Sex Female 5. Color or race w
6. (a) Single, widowed, married 2 divorced
6. (b) Name of husband or wife Gen. C. Schwab 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER
12. Name Wm J. Knapp
13. Birthplace Stuttart Germany
(City, town, or county) (State or foreign country)
14. Maiden name Ernstine Junfer
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Minne Knapp
(b) Address De Soto Mo

17. (a) Burial (b) Date thereof Nov 2 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation De Soto Mo

18. (a) Signature of funeral director Donnell B. Dittler
(b) Address De Soto Mo

19. (a) 11-2-42 (b) Fern Spencer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30 year 1942 hour 12 minute 35p, M.

21. I hereby certify that I attended the deceased from May 15th 1941 to Oct 30 1942 that I last saw her alive on Oct 30 1942 and that death occurred on the date and hour stated above.

Immediate cause of death arterial stenosis

Due to Arterio Sclerosis

Due to Chronic Interstitial Nephritis & Sclerosis of Liver

Other conditions Escurum Dropsy & Cirrhosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 13/a

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 0

23. Signature J. H. Elders (M. D. or other) MD
Address De Soto Mo Date signed 11/2/42

Duration
14 yrs
10 yrs
9 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

DEC 1 1944

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

Donald B. Dietrich

Licensed Embalmer No.

4104

P. O. Address

Delato 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.