

FILED NOV 5 1942  
Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 937

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

1. PLACE OF DEATH:

(a) County Pittsburg

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

(c) Name of hospital or institution:  
1215 South Carr  
(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 Mo (b) County Pittsburg

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

(d) Street No. Pittsburg 1215 So Carr  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Louisa Houcken

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 W

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 16 1863  
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation house wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Fred Schodelmaier

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

14. Maiden name Kathrin Roop

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

16. (a) Informant H M Schodelmaier

(b) Address Houstonia

17. (a) Burial (b) Date thereof 24-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Houstonia

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

(b) Address Houstonia

19. (a) 10-6-42 (b) Anna Berger  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21st  
year 1942 hour 87 minute 30 PM

21. I hereby certify that I attended the deceased from called  
15 minutes to before death  
that I last saw her alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis  
Duration 30

Due to 940 minutes

Due to \_\_\_\_\_

Other conditions None to my knowledge  
(Include pregnancy within 3 months of death)

Major findings: Oedema of lungs  
Of operations: Heart & lungs  
Of autopsy: Heart & lungs

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 Gord. Bolinger (M. D. or other)

Address Sedalia Mo Date signed 9-23-42

RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed 11-4-42

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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. Smiley  
Licensed Embalmer No. 3987  
P. O. Address Houstonia

**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.**