

S. No. 2
1-11-10-39
v. 5-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 1 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36622

State File No.

Registration District No. 31

Primary Registration District No. 5108

Registrar's No.

1. PLACE OF DEATH:

(a) County Benton
(b) City or town Mora
(c) Name of hospital or institution: Williams Inf
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Eleven months
In this community Eleven months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME LOUIS F SCHROEDER

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Sophia 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased NOV 24 - 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 11 25 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Claus Schroeder

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

14. Maiden name Kathryn Hoeg

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

16. (a) Informant Mrs Sophia Schroeder
(b) Address Mora MO

17. (a) Burial (b) Date thereof NOV 22-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Florence MO

18. (a) Signature of funeral director A. F. Hennings
(b) Address Smithton MO

19. (a) 11-22-42 (b) (Registrar's signature)
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Southern Part of the County
(If rural, give location)
(e) If foreign born, how long in U. S. A? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 19
year 1942 hour 5 minute P A. M.

21. I hereby certify that I attended the deceased from November 15, 1942 to Nov 19, 1942
that I last saw him alive on November 15, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy cerebral
(cerebral)

Due to Hypertension

Due to Nephritis, chronic

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 121 f

Of autopsy

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 Chas DeHone (M. D. or other)
Address Sedalia MO Date signed 11/22/42

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

MOTHER FATHER

Duration
2 mo
3 yrs
6 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

63

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: *A. F. Neumeier*

Licensed Embalmer No. *3912*

P. O. Address *Smithton 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36622
Registrar's No. 21

Registration District No. (31)

Primary Registration District No. (5.08)

1. PLACE OF DEATH:

(a) County Benton
(b) City or town MORA, MO
(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
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton
(c) City or town MORA, MO
(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

Louis F. Schroeder

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex m 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 Nov.
(Month) (Day) (Year)

8. AGE: Years 65 Months 11 Days 10 If less than one day in min.

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

10. Usual occupation

11. Industry of 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) 12-21-42 (b) Sue Selover
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19.....
that I have a law health certificate on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Duration

Due to.....

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?

While at work? (Specify type of place) (e) Means of injury.....

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

Address..... Date signed.....

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

SUPPLEMENTARY

S-36622