

MAILED DEC 8 1942

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 383

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution:
1705 South Ohio.
(d) Length of stay: In hospital or institution 6 Years.
In this community 6 Years.

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County Pettis
(c) City or town Sedalia
(d) Street No. 1705 S Ohio.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Meta Schroeder
3. (b) If veteran. name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 29th day Nov year 1942 hour 12.30 minute 0 M.
21. I hereby certify that I attended the deceased from Nov 28th to Nov 29, 1942
that I last saw h. alive on Nov 29 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Widowed
6. (b) Name of husband or wife John Lewis Schroeder 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased August 30 1864

Immediate cause of death. Cerebral Haemorrhage
Due to Arterio Sclerosis
Other conditions Chc Myocarditis
Major findings: Of operations None
Of autopsy None

8. AGE: Years 78 Months 2 Days 29 If less than one day hr. min.

9. Birthplace Lake Creek Mo.
10. Usual occupation At Home

MOTHER FATHER { 11. Industry or business Cord Schnakenberg
12. Name Cord Schnakenberg
13. Birthplace Germany
14. Maiden name Katherine Loden
15. Birthplace Germany

PHYSICIAN 938
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Ellis Moore
(b) Address Sedalia Mo.
17. (a) Burial (b) Date thereof Dec 1 1942
(c) Place: burial or cremation Crown Hill McLaughlin Bros
18. (a) Signature of funeral director Sedalia Mo.
(b) Address Sedalia Mo.
19. (a) 12/1/42 (b) Anna Berger

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(c) Where did injury occur? no
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no
While at work? no (Specify type of place) (e) Means of injury.
23. Signature John B. Carlisle M.D. (M. D. or other)
Address Sedalia Mo. Date signed 2-1-42

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

8064

RECEIVED

Sanitary Health Officer No. 8,

District File Number _____

Date Filed 12-7-42

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..... Robert H Reed.....

Licensed Embalmer No. 3745

P. O. Address Sedalia 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.