

LED MAY 10 1943

Registration District No. 21092

Primary Registration District No. 3017

Registrar's No. 45

1. PLACE OF DEATH:

(a) County COOPER
(b) City or town BOONVILLE
(c) Name of hospital or institution: S. J. Joseph Hospital
(d) Length of stay: In hospital or institution 2 days
In this community 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONITEAU
(c) City or town TIPTON RURAL
(d) Street No. _____
(e) Citizen of foreign country? NO
If yes, name country NATIVE

3. (a) PRINT FULL NAME MABLE-H-SCHULSTER

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced m.
6. (b) Name of husband or wife Joe M. Schuster
6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased 12-23-1916

8. AGE: Years 26 Months 3 Days 8
If less than one day _____ hr. _____ min.

9. Birthplace Wright Kansas

10. Usual occupation Representative

11. Industry or business house

12. Name Walter J. Wolf

13. Birthplace Moniteau Mo

14. Maiden name Mary Beitzel

15. Birthplace Moniteau Mo

16. (a) Informant Joe M. Schuster

(b) Address Tipton Mo

17. (a) Reburial (b) Date thereof 4-1-43

(c) Place: burial or cremation Tipton Mo

18. (a) Signature of funeral director J. E. Richards

(b) Address TIPTON-MO

19. (a) Apr. 1-43 (b) Dr. Chas Swap

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 1
year 1943 hour 10:35 minute a. m.

21. I hereby certify that I attended the deceased from 3-30-1943 to 4-1-1943
that I last saw her alive on 4-1-1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, bilateral lower lobes

Due to _____

Due to _____

Other conditions: _____

Major findings: None performed

Of autopsy bilateral lobe pneumonia

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____

23. Signature J. Weim (M. D. or other) MD

Address Boonville, Mo Date signed 4/1/43

Duration 10 days
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

27
1
2

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-1-43

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, me
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Jessie E. Richards
Licensed Embalmer No. 2466
P. O. Address TIPTON, 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.