

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

18750
Do not use this space.

ED JUN 10 1943

1. PLACE OF DEATH
 (a) County Pulaski Registration District No. 290
 (b) Township Piney Primary Registration District No. 598 Registered No. 7385
 (c) City 1 (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred _____ yrs. mos. ds. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME Jane Barbara Schneider
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Schneider</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12/9/1861</u>				
7. AGE	YEARS <u>81</u>	MONTHS <u>5</u>	DAYS <u>11</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>House Wife</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. _____			
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>P Pike Co. Ill. 1</u>			
	13. NAME <u>Jacob Auer</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany 4</u>			
MOTHER	15. MAIDEN NAME <u>Gotleiben Handte</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany 4</u>			
17. INFORMANT <u>Mrs. Hazel Nicholas</u> (ADDRESS) <u>Palace, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bloodland</u> DATE <u>5/24/43</u> 19__				
19. FUNERAL DIRECTOR <u>J. L. HOOPS & SONS.</u> (ADDRESS) <u>Crocker, Mo.</u>				
20. FILED <u>6-2</u> 19 <u>43</u> - <u>Sylvia A. Wadd</u> <u>Alford Local Registrar.</u>				

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>May 20, 43</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>3-15-43</u> , 19__, to <u>5-20-43</u> , 19__ I last saw her alive on <u>5-15-43</u> , 19__. Death is said to have occurred on the date stated above, at <u>4 am</u> . The principal cause of death and related causes of importance were as follows: <u>Coronary occlusion</u> Date of onset <u>5-20-43</u>
Other contributory causes of importance: <u>Cardio-Renal Disease</u> 15 yrs ago
Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19__ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____ Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>C. Miller M.D. C.</u> , M. D. (Address) <u>Waynesville Mo.</u>

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 MARGIN RESERVE BINDING
 V. S. BOARD OF HEALTH
 I X12404
 50M-7-20-37
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
 Dr. Miller

1116

RECEIVED

Pulaski County Health Officer

File Number 6-43-71

Date Filed 6-9-43

STATEMENT BY LICENSED EMBALMER

I, Paul B. Hooper, Licensed Embalmer No. 3261

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 3261 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Paul B. Hooper
Licensed Embalmer No. 3261

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.)