

S. No. 2
M-9-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28589

REGISTRATION DISTRICT NO. 69

Primary Registration District No. 4260

Registrar's No. 122

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

1. PLACE OF DEATH:

(a) County KNOX

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 5 yrs _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County KNOX 59

(c) City or town BARING 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME MARGARET AGENES SCHUETZ

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

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, widowed, married, divorced <u>WIDOWED</u>
6. (b) Name of husband or wife <u>BENJAMIN F. SCHUETZ</u>	6. (c) Age of husband or wife if alive _____ years	
7. Birth date of deceased <u>JANUARY 23 1876</u> (Month) (Day) (Year)		

8. AGE:	Years	Months	Days	If less than one day
<u>67</u>	<u>6</u>	<u>12</u>		hr. _____ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER

12. Name HUGH A REID

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

14. Maiden name MARGARET QUINN

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

16. (a) Informant Dr. H. A. Schuety

(b) Address Baring Mo.

17. (a) burial (b) Date thereof Aug 9 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson City Mo.

18. (a) Signature of funeral director W. B. Beatty Jr.

(b) Address St. Louis Mo.

19. (a) Aug 8 - 1943 (Date received local registrar) Nell Northcutt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5 year 1943 hour 16 minute 45 M.

21. I hereby certify that I attended the deceased from 19th to Aug 5 1943 that I last saw her alive on Aug 5 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis
Thrombosis

Due to _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: 1310
Of operations _____

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)

Signature H. A. Schuety (M. D. or other) DO

Address Baring Date signed 8/6/43

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

RECEIVED

District Health Officer No. 10

District File Number 9-42-1255

Date Filed SEP 14 1943

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 Scott H. Casley

Licensed Embalmer No. 3755

P. O. Address Hurdland 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.