

FILED SEP 8 1943

Registration District No. 112

Primary Registration District No. 3034

Registrar's No. 50

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

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Higginsville
(If outside city or town limits, write "RURAL" and name of township)
(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 54 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Higginsville
(If outside city or town limits, write "RURAL")
(d) Street No. 209 E. 14th st.
no (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rose E. Schowengerdt

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

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

6. (b) Name of husband or wife Martin Schowengerdt 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct-29-1854
(Month) (Day) (Year)

8. AGE: Years 88-7-7- Months 7- Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Berger Mo. (City, town, or county) (State or foreign country)
Housewife

10. Usual occupation _____

11. Industry or business _____

12. Name Don't know

13. Birthplace Don't know (City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant AB Schowengerdt

(b) Address Willow Springs, Mo.

17. (a) Burial (b) Date thereof 6-8-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Higginsville, Mo.

18. (a) Signature of funeral director [Signature]

(b) Address Higginsville, Mo.

19. (a) 8-7-1943 (b) Dr. W. A. Braecklein
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th
year 1943 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 7
1943 to June 6 1943
that I last saw him alive on June 6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Arterio sclerosis - many years associated with
Due to Gangrene of foot & leg 1 week

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

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 W. Kappenberg (M. D. or other) MD

Address Higginsville, Mo. Date signed June 13, 1943

RECEIVED

Office No. 2541

File No.

Filed

9-4-43

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, or by

Farrisa Haynes

Registered Apprentice No.

working under my personal supervision.

Signed

Farrisa Haynes

Licensed Embalmer No. 539

P. O. Address

Higginsville

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.)

embalmed, fact should be so stated above.