

No. 2
- 5-42
5-17-39
1 X328

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29457⁷³⁰

State File No. _____

LED SEP 13 1943

Primary Registration District No. **6093**

Registrar's No. **174**

1. PLACE OF DEATH:

(a) County **Saline**
(b) City or town **Marshallump**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
County Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 days**
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline** 97
(c) City or town **Sweet Springs** 5
(If outside city or town limits, write "RURAL") 0
(d) Street No. **Lexington Avenue**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **EDWARD BARTALMAY SCHETTER**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **49605-6332**

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

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

7. Birth date of deceased **December 19 1866**
(Month) (Day) (Year)

8. AGE: Years **76** Months **8** Days **17** If less than one day _____ hr. _____ min.

9. Birthplace **Mascoutah Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Ray Labor**

11. Industry or business **Retired**

12. Name **Fredolin Schetter**

13. Birthplace _____ **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Hemmerl**

15. Birthplace _____ **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **R. F. Mackler**

(b) Address **Sweet Springs Missouri**

17. (a) **Burial** (b) Date thereof **8-28-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairview Cemetery Sweet Springs**

18. (a) Signature of funeral director **Jesse Harney**
(b) Address **Sweet Springs Missouri**

19. (a) **8-26-43** (b) **Mrs. T. O. Westmark**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATE

20. DATE OF DEATH: Month **July** day **25** year **1943** hour **7** minute **30 P.**

21. I hereby certify that I attended the deceased from **July 23 1943** to **Aug. 25 1943** that I last saw _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia**
Duration **3 days**

Due to _____
Due to _____ **45f**

Other conditions **Carcinoma Throat**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **no**

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) **nd**
(b) Date of occurrence **nd**
(c) Where did injury occur? **none**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **no**

While at work? _____ (Specify type of place) (c) Means of injury _____
Signature **R. O. ...** M. D. or other _____
Address **...** Date Signed **8/25/43**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8

Subject File Number

Date Filed

9-20-73

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.....
Licensed Embalmer No. 2214,
P. O. Address Sweet Springs 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.