. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38567

FILED DEC 7 1943

Registration District No. 771 Primary Registration District No. 5637 Registrar's No. 58

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Wellington City Inc.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5 ½ Mi S.E Wellington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Lafayette
(c) City or town Wellington
(If outside city or town limits, write "RURAL")
(d) Street No. 5½ mi S.W.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Emma Schramm Heinkel
3. (b) If veteran, name war --
3. (c) Social Security No.
4. Sex Fe
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Nov (Month) 25 (Day) 1877 (Year)
8. AGE: Years 66 Months 11 Days 26 If less than one day ..... hr. ..... min.
9. Birthplace Lexington (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation At Home
11. Industry or business
FATHER 12. Name Ernest Schramm
13. Birthplace ..... (City, town, or county) Germany (State or foreign country) 4
MOTHER 14. Maiden name Elizabeth Muench
15. Birthplace ..... (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant Mrs Catherine Mc Combs
(b) Address Higginsville, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 23, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Lexington, Mo
18. (a) Signature of funeral director Winkler
(b) Address Lexington, Mo
19. (a) Dec-1-1943 (Date received local registrar) (b) Mrs W.F. Baker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21 year 1943 hour 3 minute 15 a.m.
21. I hereby certify that I attended the deceased from 8-10- 1943, to 11-21- 1943, that I last saw him alive on 8-7- 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Adenocarcinoma of breast	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 50	
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? (Specify type of place)
While at work? (g) Means of injury
23. Signature E. B. Nisbet (M. D.)
Address Odessa Mo Date signed 11/26/43

1159 (Licensed Embalmer's Statement on Reverse Side)

Date Filed 12-6-43

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Forrest G. Tempel

Licensed Embalmer No. 3275

P. O. Address Lexington, Me

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.