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23159

FILED FEB 7 1944
Registration District No. 28

Primary Registration District No. 4037

Registrar's No. 1

1. PLACE OF DEATH:

(a) County BATES
(b) City or town FOSTER
(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 35 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County BATES
(c) City or town FOSTER
(If outside city or town limits, write "RURAL.")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME EMMA AMELIA SCHOLLER

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 1

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

7. Birth date of deceased JULY 10 - 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 1 If less than one day
hr. _____ min. _____

9. Birthplace WATERBURY, VERMONT - USA
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name JOSEPH HELMER

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

14. Maiden name GRAUER

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

16. (a) Informant ANNA CHAIN

(b) Address FOSTER MO

17. (a) BURIAL (b) Date thereof 1-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BURLINGTON KAYS.

18. (a) Signature of funeral director Booths

(b) Address Butler Mo

19. (a) Jan 14 (b) Mrs Ethel Goodenough
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11
year 1944 hour 8 minute 00 A.M.

21. I hereby certify that I attended the deceased from _____, 1944, to _____, 1944
that I last saw her alive on January 10, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of pelvic organs
Due to Primary of cervix

Duration 3 years
2 months

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

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?

White at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Paul E. Dunlap (M. D. or other) do
Address Pleasanton, Calif Date signed 1-11-44

02 (Licensed Embalmer) (Signature on Reverse Side)

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

RECEIVED

District Health Officer No. 7.

District File Number 1-44-67

Date Filed 2-4-44

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

John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.