No. 2
-4-13-40
5-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10601

Registration District No. 51 Primary Registration District No. 5182 Registrar's No. 14

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Rural Shawnee Tw
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Neelys Landing / R#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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cape Girardeau 16 0 0
(c) City or town Rural.
(If outside city or town limits, write "RURAL")
(d) Street No. Neelys Landing Mo R#1.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Tillie R Scholl.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Theodore Scholl
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Jan (Month) 8 (Day) 1875 (Year)

8. AGE: Years 69 Months 2 Days 8 If less than one day hr. min.

9. Birthplace Pocohontas Mo 0 (City, town, or county) (State or foreign country)
10. Usual occupation Housewife.
11. Industry or business
FATHER
12. Name Herman Petszaldt.
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ernstine Schoen
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)
16. (a) Informant Theodore Scholl.
(b) Address Neelys Landing Mo R#1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 18/1944 (Month) (Day) (Year)
(c) Place: burial or cremation New Wells Mo Shawneetown Negretty,
18. (a) Signature of funeral director Fred Kahnert
(b) Address New Wells Mo
19. (a) 3-16-1944 (Date received local registrar) (b) Henry W. Cuts (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th year 1944 hour 1 minute 50 A.M.
21. I hereby certify that I attended the deceased from November 5th, 1940, to March 16, 1944, that I last saw her alive on March 10th, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	4 years
Due to Arterial Hypertension	
Due to Arteriosclerosis, General.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93d	
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? (e) Means of injury
23. Signature Theodore Fischer (M. D. or other) M.D.
Address Altenbury, Mo Date signed 3-16-44

1526

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 444-3611

Date Filed 4-6-44

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. ~~3051~~ working under my personal supervision.

Signed B A Meyer

Licensed Embalmer No. 3051

P. O. Address Jackson Mo.

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

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