

FILED MAY 9 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14315

State File No.

Registration District No. 7

Primary Registration District No. 3008

Registrar's No. 122

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town 310 N 4th St Fulton, Mo
(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 Three months years, months or days

3. (a) PRINT FULL NAME Emma Schwinder

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

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

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

7. Birth date of deceased July 18 1858 (Month) (Day) (Year)

8. AGE: Years 85 Months 8 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Switzerland (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business _____

12. Name Niklaus Zeltner

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

14. Maiden name SK

15. Birthplace SK 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ed Hatfield

(b) Address 310 N 4th St, Fulton, Mo

17. (a) Removal Removal (b) Date thereof 4/5/44 (Month) (Day) (Year)

(c) Place: burial or cremation Glasgow, Missouri

18. (a) Signature of funeral director Hallack Funeral Home

(b) Address 7 N 6th St, Fulton, Mo D.C. Browning

19. (a) 4-5-1944 (b) Joie Morawitz (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
(c) City or town Glasgow 45 (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 2

(e) Citizen of foreign country? yes (Yes or No) 0
If yes, name country Switzerland

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 year 1944 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from April 4, 1944 to April 4, 1944 that I last saw her alive on April 4, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis with decompensation
Due to arteriosclerosis

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

Major findings: Of operations none
Of autopsy none

Duration weeks
years

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) (c) Means of injury _____
23. Signature Denny Dred (M. D. or other) W.D.
Address Fulton, Mo. Date signed 4/5/44

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

4
1
2

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 5-8-44

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, ~~only~~ _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____ *E. E. White*

Licensed Embalmer No. 4168

P. O. Address Fulton, 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.