

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED AUG 28 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 4159

Registrar's No. 77

31  
2  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Davies  
(b) City or town Pattonsburg  
(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 life years, months or days

3. (a) PRINT FULL NAME Wava Jean Schweedler

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

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

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

7. Birth date of deceased Dec 11 1922  
(Month) (Day) (Year)

8. AGE: Years 21 Months 7 Days 19 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation \_\_\_\_\_

11. Industry or business Housekeeper

12. Name Henry Schweedler

13. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Gertha Ruble

15. Birthplace Davies Co Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Henry Schweedler

(b) Address Pattonsburg Mo.

17. (a) Burial (b) Date thereof 8-5-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pattonsburg Mo.

18. (a) Signature of funeral director Joe A. Gagne

(b) Address Pattonsburg Mo.

19. (a) 8-11-1944 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Davies  
(c) City or town Pattonsburg  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2 year 1944 hour 11:55 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from June 27 1944 to Aug 1 1944  
that I last saw her alive on Aug 1 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration \_\_\_\_\_

Due to following influenza - erga in January 1944

Other conditions 13 Pt  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Cameron, Mo. Date signed 8/4/44

AUG 28 1944

JUN 6 1944

**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 Ica L. Gromer

Licensed Embalmer No. 3022

P. O. Address Pattonburg 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.**