

**FILED SEP 8 1944**

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 269

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bothwell Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 1/2 hours  
(Specify whether years, months or days)

In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")

(d) Street No. 300 E. 24th  
(If rural, give location)

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

3. (a) PRINT FULL NAME Mildred Maude Schrader

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 Married

6. (b) Name of husband or wife Elmer L. Schrader

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased June 7 1885  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>2</u>	<u>1</u>	hr. min.

9. Birthplace MAITA BEND, Missouri  
(City, town, or county) (State or foreign country)

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

11. Industry or business Home

MOTHER FATHER {

12. Name Siegel Hughes

13. Birthplace W. Nadar, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Myrtle King

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

16. (a) Informant Elmer Schrader

(b) Address \_\_\_\_\_

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 8 12-44  
(Month) (Day) (Year)

(c) Place: burial or cremation High Point Cemetery

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 8-10-44  
(Date received local registrar)

(b) Mrs Emma Singer  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8  
year 1944 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from 7th Aug 1944 to Aug 8 1944  
that I last saw her alive on Aug 8 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Surgical shock

Due to Medical Humia

Due to Intestinal Obstruction

Other conditions, within 3 months of death \_\_\_\_\_

STATEMENT OF PHYSICIAN

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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)

(a) Means of injury \_\_\_\_\_

23. Signature B. D. Searcy  
(M. D. or other)

Address Sedalia, Mo. Date signed 8-10-44

5:15 P.M. 8-

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 9-9-44

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 L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Adelia, 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.