

S. No. 2  
M-5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED SEP 7 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29024

Registration District No. 362

Primary Registration District No. 4531

Registrar's No. 19

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

1. PLACE OF DEATH:  
(a) County Warren  
(b) City or town Warrenton  
(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 life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Warren 109  
(c) City or town Warrenton 1  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Caroline Schlanker

MEDICAL CERTIFICATION

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

20. DATE OF DEATH: Month August day 8 year 1944 hour 6:30 minute \_\_\_\_\_ P. M.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

21. I hereby certify that I attended the deceased from February 6, 1943, to August 8, 1944; that I last saw her alive on August 8, 1944; and that death occurred on the date and hour stated above.

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

Immediate cause of death Chronic endocarditis Duration 10 yrs.

7. Birth date of deceased Feb. 5, 1859  
(Month) (Day) (Year)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years 85 Months 6 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions Cholecystitis 10 yrs.  
(Include pregnancy within 3 months of death)

9. Birthplace Warren County Missouri  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Major findings: 92d  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Mathew Engel

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

14. Maiden name Madeline Ott

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

16. (a) Informant Mr. Felix Schlanker

(b) Address Warrenton, Mo. R.F.D.

17. (a) Burial (b) Date thereof 8-10-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director F. Nieburg & Co.  
(b) Address Warrenton, Mo.

19. (a) 8/10/44 (b) John A. Bebermeyer  
(Date received local registrar) (Registrar's signature)

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 Lopold Lachance (M. D. or other) M.D.  
Address Warrenton, Mo. Date signed 8/9/44

1264 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 9-6-44

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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, John Huebner,  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed John Huebner

Licensed Embalmer No. 3897

P. O. Address Warrenton, 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.**