No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 20 1944

Registration District No. 178

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5661

38225

State File No.

Registrar's No. 98

1. PLACE OF DEATH:

(a) County Lewis

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

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

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 69 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56

(c) City or town Ewing Rural
(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 0

3. (a) PRINT FULL NAME Frederick William Schroeter

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ethel Schroeter

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Dec. (Month) 6 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	1	6	hr. min.

9. Birthplace Lewis Co (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

FATHER
12. Name Fred Schroeter 4
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Dickerson
15. Birthplace Illiopolis Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Thelma Ball
(b) Address Ewing, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Lewistown, Mo

18. (a) Signature of funeral director Thomas Ball
(b) Address Ewing, Mo.

19. (a) Nov. 1-44 (Date received local registrar) (b) T. W. Jennings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12
year 1944 hour 8.00 minute A.M.

21. I hereby certify that I attended the deceased from December 6, 1943, to Jan 12, 1944
that I last saw him alive on Jan. 12, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive Heart Failure	
Lobar Pneumonia	
Due to Carcinoma Lung	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

47 d

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 John L. Mowery 2 (M. D. or other) S.O.
Address Lewistown Mo. Date signed 1-15-44

(Licensed Embalmer's Statement on Reverse Side)

981

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 Thomas Ball

Licensed Embalmer No. 1744

P. O. Address Ewing, 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.