

FILED JAN 10 1945

State File No.

Registration District No. 274Primary Registration District No. 3052Registrar's No. 416

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) 0
 (d) Length of stay: In hospital or institution 3 days (Specify whether
 years, months or days)
 In this community 3 days

3. (a) PRINT FULL NAME Joyce Elaine Schroeder

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, Single6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 18 years (Day) (Year)7. Birth date of deceased December 18 1944
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
3 hr. min.9. Birthplace Sedalia Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business INFANT12. Name Clay Schroeder13. Birthplace Morgan County Missouri
(City, town, or county) (State or foreign country)14. Maiden name Naomi McBee15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Earl Schroeder(b) Address Beaman, Missouri17. (a) Burial (b) Date thereof Dec. 22, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Memorial Park Cemetery18. (a) Signature of funeral director McLaughlin Bros.(b) Address Sedalia, Missouri19. (a) 12-22-44 (b) Mrs. Anna Berger
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80
 (c) City or town..... (If outside city or town limits, write "RURAL") 0
 (d) Street No..... (If rural, give location) 0
 (e) Citizen of foreign country?..... (Yes or No) 11
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21
year 1944 hour 12 30 minute a M.21. I hereby certify that I attended the deceased from Dec 18, 1944, to Dec 20, 1944.
that I last saw her alive on Dec 20, 1944.
and that death occurred on the date and hour stated above.Immediate cause of death..... Duration 3 da
Intra cranial HemorrhageDue to Birth injury

Due to.....

Other conditions..... (Include pregnancy within 3 months of death) 1600aMajor 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?.....

(Specify type of place) While at work?..... (e) Means of injury..... 023. Signature A. L. Walter (M. D. or other) M.D.Address Sedalia mo Date signed 12-22-44

Dr Walter
12:30 A.M. Dec. 2

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-5-45

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Jan
Registrar's No. 466

Registration District No. 274

Primary Registration District No. 3057

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:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Joyce E. Schroeder

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife _____

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

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

8. AGE: Years _____ Months _____ Days _____ If less than one day, _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 12-22-44 (b) (Mrs. Anna Seeger)
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis

(c) City or town Beaman
(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 _____ day _____ year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(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) (c) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

S-41849 1944