. No. 2
1—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

41850

State File No.

FILED JAN 10 1945

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 421

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:
1714 S. OSAGE ST.
(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 62 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS 80

(c) City or town SEDALIA 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1714 S. OSAGE ST. 4
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME MINNIE JOHANNA SCHUTT

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 WIDOWED

6. (b) Name of husband or wife CARL SCHUTT

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

7. Birth date of deceased 2 (Month) - 28 (Day) - 1858 (Year)

8. AGE: Years 86 Months 10 Days 1 If less than one day hr. min.

9. Birthplace 4 GERMANY
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name CHRIS EGDORF
13. Birthplace 4 GERMANY
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name WILHEMINA ?
15. Birthplace 4 GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant WILLIAM SCHUTT
(b) Address SEDALIA, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1 - 1 - 1945 (Month) (Day) (Year)
(c) Place: burial or cremation CROWN HILL

18. (a) Signature of funeral director Gillespie
(b) Address SEDALIA

19. (a) 12/30/44 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 29TH
year 1944 hour 1 minute 20 P M.

21. I hereby certify that I attended the deceased from Over 15 Years, 19 to Dec 29, 1944
that I last saw her alive on Dec 29th, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration 5 years

Due to Senility

Due to

Other conditions None 93d
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

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) No

(b) Date of occurrence

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
None
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature Jno B. Carlisle M.D. (M. D. or other)

Address Sedalia Mo Date signed 12-30-44

102 2 (Licensed Embalmer's Statement on Reverse Side)

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 L. E. Bouldin

Licensed Embalmer No. 3867

P. O. Address Sedalia 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.