

S. No. 2
1-8-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 16 1945
1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2788

State File No. _____
Registrar's No. _____

Registration District No. _____ Primary Registration District No. 0-668

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Rural Clark Twp
(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 In This Community
years, months or days 79

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lincoln
(c) City or town 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 _____

3. (a) PRINT FULL NAME ALVINA SCHULZE
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 19 year 1944 hour _____ minute 30A.M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from October 3 1944 to December 18 1944
that I last saw her alive on Dec 18 1944
and that death occurred on the date and hour stated above.

7. Birth date of deceased: 3 May 18 1865
(Month) (Day) (Year)

Immediate cause of death Myocardial Infarct
Due to _____
Due to _____

8. AGE: Years 79 Months 7 Days 1 If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) 936
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Lincoln County Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housework

11. Industry or business _____
12. Name Peter Schulze
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Williamina Eick
15. Birthplace Germany (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(c) 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? _____

16. (a) Informant Otto Schulze
(b) Address 3 Joy mo.
17. (a) Burial (b) Date thereof 12-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

18. (a) Signature of funeral director J. Wayne M. Stief
(b) Address 3 Joy mo.
19. (a) Dec 30/44 (b) Miss Judy Jackson
(Date received local registrar) (Registrar's signature)

23. Signature J. P. Williams M.D. (M.D. or other) _____
Address Highway City MO Date signed 12/20/44

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

RECEIVED

District Health Officer No.

District File Number

Date Filed 1-15-45

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 Wayne M. Loy

Licensed Embalmer No. 35806

P. O. Address Jroy 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.