S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 30 1945

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9708

Primary Registration District No. 2000

Registrar's No. 203

1. PLACE OF DEATH:
(a) County: GREENE
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 655 Cherry
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield,
(If outside city or town limits, write "RURAL")
(d) Street No.: 655 Cherry
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Louise Marie Shreiner
3. (b) If veteran, name war: Unknown
3. (c) Social Security No.: Unknown

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Peter Schreiner
6. (c) Age of husband or wife if alive: Unknown years
7. Birth date of deceased: January (Month) 20, (Day) 1861 (Year)

8. AGE: Years 84 | Months 1 | Days 22 | If less than one day hr. min.

9. Birthplace: UNK. (City, town, or county) Norway (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: In Home
FATHER 12. Name: [illegible]
FATHER 13. Birthplace: (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: [illegible]
MOTHER 15. Birthplace: (City, town, or county) (State or foreign country)
16. (a) Informant: Mr. Peter Schreiner
(b) Address: Springfield, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 13, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Lawn Cemetery
18. (a) Signature of funeral director: Alma Lohmeyer Funeral Home
(b) Address: Springfield, Missouri
19. (a) 3-13-45 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11, year 1945 hour 11:40 minute P. M.
21. I hereby certify that I attended the deceased from March 10, 1945 to March 11, 1945; that I last saw her alive on March 10, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral vascular accident	1 wk.
Due to: Cerebral arteriosclerosis	3 yrs.
Due to: Generalized arteriosclerosis	20 yrs.
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: Thomas S. Harris (M. D. or other) MD
Address: Springfield, Mo. Date signed 3/13/45

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(Licensed Embalmer's Statement on Reverse Side)

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. A. Roof

Licensed Embalmer No. 3 0 X X

P. O. Address Springfield 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.