S. No. 2
—8-43
5-17-39
I X37823

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

FILED NOV 15 1945

State File No. 34820

Registration District No. 330 Primary Registration District No. 1112 B. Registrar's No.

**1. PLACE OF DEATH:**

(a) County Scott

(b) City or town Illmo Illmo Pct
(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 74 years.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Scott 100

(c) City or town Illmo 3
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME Wilhemina Schiwitz

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 Widow V

6. (b) Name of husband or wife August Schiwitz

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

7. Birth date of deceased Oct. (Month) 18 (Day) 1861 (Year)

8. AGE: Years 83 Months 10 Days 8 If less than one day hr. min.

9. Birthplace Commerce Scott Co (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Chris John Dunger
13. Birthplace — (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Wilhemina Siegenbein
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Paul Eifert
(b) Address Illmo, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug (Month) 29 (Day) 1945 (Year)
(c) Place: burial or cremation Wuthern Cem Illmo Mo

18. (a) Signature of funeral director Bisplinghoff Funeral home
(b) Address Illmo, Mo

19. (a) 8-29-45 (Date received local registrar) (b) [signature] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug. day 26 year 1945 hour 4 minute P M.

21. I hereby certify that I ~~attended the deceased~~ from Viewed — , 19 , to 8-26 , 1945 that I last saw h — alive on — , 19 ; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Apoplexy | |
| Due to — | |
| Due to — | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations — | |
| Of autopsy — 830 | |

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 Orville Taylor 3 Coroner (M. D. or other)

Address Sikeston, Mo Date signed 8-26-45

121

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 1145-3203
Date Filed 11-3-45

NOV 19 1945

**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 Mamie Bieplenghoff

Licensed Embalmer No. 3242

P. O. Address: Chaffee 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.**