

S. No. 2  
M-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37487

FILED DEC 13 1945

State File No. \_\_\_\_\_  
Registrar's No. 331

Registration District No. 146  
Primary Registration District No. 5568

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Rural Blue  
(If outside city or town limits, write "RURAL" and name of township) Blue Jay  
(c) Name of hospital or institution:  
35th and Noland Road  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 23 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 47  
(c) City or town Independence 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route #5 (If rural, give location) 0  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME PAULA M. SCHOWENGERDT  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov. day 14  
year 1945 hour 5 minute 40 P.M.  
21. I hereby certify that I attended the deceased from  
Nov. 10 1945 to Nov. 14 1945  
that I last saw her alive on Nov. 14 1945  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Oscar Schowengerdt 6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased July 16 1887  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Primary bronchogenic carcinoma  
left primary perforation  
metastasis in lung  
mediastinal gland etc  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (include pregnancy within 3 months of death) H7C

8. AGE: Years Months Days If less than one day  
58 3 28 hr. min.

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

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Albert Thomas  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Winnemina Andree  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar Schowengerdt  
(b) Address 35th & Noland

17. (a) Burial (b) Date thereof 11-17-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Geo. C. Carson Home  
(b) Address Independence Missouri

19. (a) 11-16-45 (b) J. J. Rose  
(Date received local registrar) (Registrar's signature)

Physician \_\_\_\_\_ Underline the cause to which death should be charged statistically.  
Major findings: Of operations no operation  
Of autopsy Primary bronchogenic carcinoma left lung - liver metastasis  
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? no injury (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no injury  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Cap. Allen M. D. (M. D. or other)  
Address Independence, Mo. Date signed 11/16/45

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

116.3

(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 Dean Owens

Licensed Embalmer No. 4280

P. O. Address Indep. 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.**