

FILED JAN 8 3 1946

Primary Registration District No. **4273**

Registrar's No. **11**

1. PLACE OF DEATH:

(a) County **LAFAYETTE**  
(b) City or town **CONCORDIA**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME **MARTHA SCHNAKENBERG**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **HERMAN SCHNAKENBERG** 6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased **MARCH 15 1879**  
(Month) (Day) (Year)

8. AGE: Years **66** Months **9** Days **13** If less than one day hr. min.

9. Birthplace **CONCORDIA MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business

12. Name **HENRY WERTHS**

13. Birthplace **GERMANY**  
(City, town, or county) (State or foreign country)

14. Maiden name **ANGIE PEPPER**

15. Birthplace **GERMANY**  
(City, town, or county) (State or foreign country)

16. (a) Informant **N. H. SCHNAKENBERG**

(b) Address **CONCORDIA, MO**

17. (a) **BURIAL** (b) Date thereof **DEC 31 1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **ST PAULS**

18. (a) Signature of funeral director: **E. S. JAMES**

(b) Address **CONCORDIA, MO**

19. (a) **12-31-45** (b) **Richard Shyman**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) **MISSOURI** (b) County **LAFAYETTE 54**  
(c) town **CONCORDIA**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DEC** day **28**  
year **1945** hour **10** minute **55 P.M.**

21. I hereby certify that I attended the deceased from **2-4-45**  
to **12-28-45**, 1945, to **12-28-45**, 1945;  
that I last saw her alive on **Dec 28**, 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial infarction with hypercholesterolemia** Duration **2 day**

Due to **Chronic hypertension** 10 yrs

Due to **Arteriosclerosis** 15 to 20 yrs

Other conditions **Diabetes mellitus** 2 yrs  
(Include pregnancy within 5 months of death)

Major findings: Of operations **L**

Of autopsy **L 16/1**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **L**

(c) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence **L**

(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury **L**

23. Signature **Fredrich G. James** or other **LLC**

Address **Concordia, MO** Date signed **12-29-45**

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

23

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 1-3-46

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 me  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed E. S. James  
Licensed Embalmer No. 2058  
P. O. Address Concordia, 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.**