

No. 2  
-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 25 1946** STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **3799**

Registration District No. **294**

Primary Registration District No. **3056**

Registrar's No. **250**

**1. PLACE OF DEATH:**  
(a) County **Randolph**  
(b) City or town **Moberly**  
(c) Name of hospital or institution: **515 Shumate /**  
(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

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Randolph**  
(c) City or town **Moberly**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **515 Shumate**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Wilma Lee Schwieter**

**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** **Single**

**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if** \_\_\_\_\_  
alive \_\_\_\_\_ years

**7. Birth date of deceased** **Nov 17 1945**  
(Month) (Day) (Year)

**8. AGE:** Years \_\_\_\_\_ Months \_\_\_\_\_ Days **26** If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

**9. Birthplace** \_\_\_\_\_ **Mo 0**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** \_\_\_\_\_

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

**12. Name** **Stanley C. Schwieter**

**13. Birthplace** \_\_\_\_\_ **Mo 0**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Ethel Stoner**

**15. Birthplace** \_\_\_\_\_ **Mo 0**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Stanley C Schwieter**  
**(b) Address** **Moberly, Mo**

**17. (a) Burial** **(b) Date thereof** **Dec 14 45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Moberly, Mo**

**18. (a) Signature of funeral director** **Mahar Sar**  
**(b) Address** **Moberly, Mo**

**19. (a) Dec 14 45** **(b) Pearl Willette**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Dec** day **13** 24  
year **1945** hour **3** minute **15** A.M.

**21. I hereby certify that I attended the deceased from** **Dec 12**  
19 **45**, to **Dec 13** 19 **45**  
that I last saw him alive on **Dec 17** 19 **45**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

\_\_\_\_\_

**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?** \_\_\_\_\_

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

**23. Signature** **H. G. Griffith** (M. D. or other) \_\_\_\_\_

Address **Moberly, Mo** Date signed **2-14-45**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
100799

RECEIVED

District Health Officer No. 10

District File Number 1-46-116

Date Filed JAN 23 1946

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.....

*Not Embalmed*  
..... Licensed Embalmer No. ....

..... P. O. Address.....

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.