

**FILED** MAY 8 1946

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **459**

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

1. PLACE OF DEATH:

(a) County **Buchanan**

(b) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**Missouri Methodist Hospital** (1)  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **20 minutes**  
(Specify whether years, months or days)

In this community **15 years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Emma Schneider**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Female** / 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widow** 2

6. (b) Name of husband or wife **Albert Schneider**

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

7. Birth date of deceased **February 9 1875**  
(Month) (Day) (Year)

8. AGE: Years **71** Months **1** Days **29** If less than one day hr. min.

9. Birthplace **Andrew County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

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

12. Name **Nicholas Schmith**

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

14. Maiden name **Johanna Leonard**

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

16. (a) Informant **Adolph Schneider**

(b) Address **R.R.#1, Cosby, Missouri**

17. (a) **Burial** (b) Date thereof **4/10/1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Walter Meierhoffer**

(b) Address **1302 Faraon St., St. Joseph, Missouri**

19. (a) **April 22, 1946** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan** 11

(c) City or town **St. Joseph** 1  
(If outside city or town limits, write "RURAL")

(d) Street No. **2903 Felix Street** 7  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **8th.**  
year **1946** hour **2** minute **22** P.A.M.

21. I hereby certify that I attended the deceased from **Apr-6**  
**1946** to **Apr 8**, 19 **46**

that I last saw her alive on **Apr-8**, 19 **46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertension based on 5 yrs.**  
**Hypertension**

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

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

Other conditions **Emphysema**  
(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 **[Signature]** (M. D. or other) **MD**

Address **620 Main St** Date signed **4-9-46**

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**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 *Albert P. Harrington*

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

**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.**