

No. 2
-2-43
5-17-39
X38627

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12785

State File No. _____

FILED MAY 9 1946

Registration District No. 172

Primary Registration District No. 5428

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Rural Boone Sup.
(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 2 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

3. (a) PRINT FULL NAME IDA KATHERINA SCHNEIDER WIND

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 married

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased August 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

54 8 15 - hr. - min.

9. Birthplace Blair Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name August Daniel

13. Birthplace Peursville Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Emma Horatmann

15. Birthplace Peursville Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant John Schneiderwind

(b) Address Rural, Mo. Route

17. (a) Burial (b) Date thereof 4 26 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blair Union Cemetery

18. (a) Signature of funeral director Millford H. N. Winter

(b) Address Peursville Mo.

19. (a) 5-1-46 (b) H. L. Matthews
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1946 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Apr 23 1946 to Apr 23 1946
that I last saw him alive on Apr 23 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 1 da

Due to Chronic Arterial Hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations No operation

Of autopsy No 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? _____

23. Signature H. L. Matthews M.D. (Specify type of place) _____
While at work? _____ (e) Means of injury _____

Address Beaufort Mo. Date signed 4-25-46

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

6

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-8-46

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 Myford Winter.....

Licensed Embalmer No. 3838.....

P. O. Address Quessville, Me......

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.