

Registration District No. 171

Primary Registration District No. 4266

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Rafayette
(b) City or town Wellington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 Rafayette
(c) City or town Wellington
(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 _____

3. (a) PRINT FULL NAME MARY SOPHIA SCHNIEDER

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 Fred G. Schnieder 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 31 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Herman Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant William Pitt
(b) Address Wellington, Mo.

17. (a) Burial (b) Date thereof June 4 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wellington, Mo.

18. (a) Signature of funeral director W. H. ...
(b) Address Wellington, Missouri

19. (a) June 3 1946 Letta Drummond
(to received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st
year 1946 hour 4 minute 0 M.

21. I hereby certify that I attended the deceased from May 26
1946 to June 1 1946

that I last saw him alive on June 1 1946
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocardial infarction
pulmonary edema
Due to Coronary Arteriosclerosis 4 days
Hypertension & Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy Q 20

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? _____

While at work? _____ (Specify if so) (c) Means of injury _____

23. Signature W. H. ... (M. D. or other) Do.
Address Wellington, Mo. Date signed 6/3/46

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

19752

7
0
0

RECEIVED

District Health Officer No. 8,

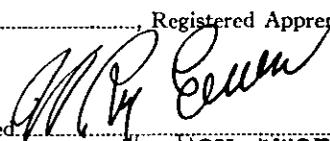
District File Number

Date Filed 2-13-16

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 .....

W. Roy Ewen

Licensed Embalmer No. 4305

P. O. Address Wellington, 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.