. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16281

Registration District No. 364 Primary Registration District No. 6237 Registrar's No. 6

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Rural Hickory Grove
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Warren 109
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. ✓ 0
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No) 0
If yes, name country ✓

3. (a) PRINT FULL NAME Regina Lena Schemmer
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F. 1
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Theo Schemmer
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased March (Month) 1 (Day) 1873 (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	1	24	hr. min.

9. Birthplace Lincoln Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Wm Schaper 4
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) 4 (State or foreign country)
16. (a) Informant Theo Schemmer
(b) Address Foristell Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/47 (Month) (Day) (Year)
(c) Place: burial or cremation Wright City Cem
18. (a) Signature of funeral director Fieburg F & U Co
(b) Address Wright City Mo
19. (a) Apr. 27 1947 (Date received local registrar) (b) Mrs. F. W. Hughes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 47 hour 12 20 minute P. M.
21. I hereby certify that I attended the deceased from 5-5-46, 19..., to 4-25, 1947; that I last saw her alive on 4-25, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Nephritis	1 yr +
Due to	
Due to	
Other conditions Cirrhosis of Liver (Non Alc) (Include pregnancy within 3 months of death)	1 yr +

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 0
23. Signature Raymond A. Huger (M. D. or other)
Address Wright City Mo Date signed 4-26-47

(Licensed Embalmer's Statement on Reverse Side)

JAN 6 1949

JUN 5 1949

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 Julius J. Nieburg

Licensed Embalmer No. 3366

P. O. Address Wright City 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.