

FILED JUN 6 1947

Registration District No. **11**

Primary Registration District No. **4025**

Registrar's No. **59**

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

1. PLACE OF DEATH:

(a) County Barry
 (b) City or town Wheaton
(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)

3. (a) PRINT FULL NAME Edmund C. Schrader

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Louise Schrader
 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased April 27 1984
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>		<u>9</u>	hr. min.

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

10. Usual occupation Hatcheryman & Feed Store

11. Industry or business

12. Name Gus Schrader

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

14. Maiden name unknown

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

16. (a) Informant Louise Schrader

(b) Address Wheaton Mo.

17. (a) Burial (b) Date thereof 5-10-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Walter F. ...

(b) Address Ossville Mo.

19. (a) May 28 1947 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
 year 1947 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept-20-1946 to May-6-1947
 that I last saw him alive on May-6-1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Sudden Heart failure
 Due to chronic urticaria 1 yr.

Due to

Other conditions grip
(Include pregnancy within 3 months of death)

Major findings:
 Of operations
 Of autopsy

Duration

2 min.

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 type of place)
 (e) Means of injury

23. Signature O. S. McCall (M. Dies other)
 Address Wheaton Mo Date signed 5/7/47

RECEIVED

District Health Officer No. 6;

District File Number 647-632

Date Filed JUN 5 1947

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 Margaret Colver
Licensed Embalmer No. 4389
P. O. Address Cassville

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.