

S. No. 2
M-5-43
5-17-39
0 1' X3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20519**

FILED JUN 26 1947

Registration District No. 117 Primary Registration District No. 2432 Registrar's No. 19

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Rural - Meramec Twsp.
(c) Name of hospital or institution:
Miller Home, Sullivan, Mo. Rt. 2
(d) Length of stay: In hospital or institution 10 Months
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Franklin 36
(c) City or town Rural
(d) Street No. Sullivan, Mo. Rt. 2.
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Bertha Susan Schuler
3. (b) If veteran, name war No. 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 18 year 1947 hour 1 minute 40 p.m.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Amos. H. Schuler
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Oct 26 1875

21. I hereby certify that I attended the deceased from 1935 to June 18 1947 that I last saw her alive on June 15 1947 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
71 7 13 hr. min.

Immediate cause of death arteriosclerosis cerebral
Due to Hy Pertension
Due to Parkinson's Disease
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Sullivan, Mo.
10. Usual occupation Housewife
11. Industry or business XX

Major findings: Of operations None
Of autopsy None
PHYSICIAN Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name George Schatz
13. Birthplace Unknown Germany 4
14. Maiden name Sophia Bowman
15. Birthplace Baden Germany 4

16. (a) Informant Walter A. Schuler
(b) Address Houstonia, Mo.

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) Burial (b) Date thereof June/21/47
(c) Place: burial or cremation Stanton, Mo.
18. (a) Signature of funeral director Phos. P. Stoffer
(b) Address Sullivan, Mo.
19. (a) 6-19-47 (b) C. D. Crutcher

23. Signature C. D. Crutcher (M. D. or other)
Address Sullivan, Mo. Date signed 6/19/47

(Licensed Embalmer's Statement on Reverse Side)

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

56
0
0

Date Filed 6-25-47

District File Number

District Health Officer No. 9,

RECEIVED

JUL 11 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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Robert M Murray

Licensed Embalmer No. 3749

P. O. Address Sullivan, 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.