

No. 2
4-5-43
5-17-39
I X36674

FILED OCT 11 1947

Registration District No. 161 Primary Registration District No. 4256 Registrar's No. 34

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Holden
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
East 2nd Street, /
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution none (Specify whether years, months or days)

In this community 9 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson **51**

(c) City or town Holden **1**
(If outside city or town limits, write "RURAL")

(d) Street No. East 2nd Street **0**
(If rural, give location) **0**

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

If yes, name country XXXX

3. (a) PRINT CECIL EDWARD SHRODER
FULL NAME

3. (b) If veteran, name war none

3. (c) Social Security No. 490-05-9719

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife violet Elizabeth Shroder

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased February 21, 1915
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>32</u>	<u>6</u>	<u>16</u>	hr. min.

9. Birthplace Urich, Missouri **0**
(City, town, or county) (State or foreign country)

10. Usual occupation Farming & Laborer

11. Industry or business same

12. Name Edward Shroder **0**

13. Birthplace Henry County, Missouri **0**
(City, town, or county) (State or foreign country)

14. Maiden name Winnie Malone

15. Birthplace Garland, Missouri **0**
(City, town, or county) (State or foreign country)

16. (a) Informant violet Eliz Shroder

(b) Address Holden, Missouri

17. (a) Burial (b) Date thereof Sept 9 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden, Missouri

Canaday & Ropp

18. (a) Signature of funeral director Holden, Missouri

(b) Address Holden, Missouri

19. (a) Oct 4, 1947 (b) Mrs. H V Redford
(Date received local registrar) (Registrar's signature) **150**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7
year 1947 hour 12:45 minute A.M.

21. I hereby certify that I attended the deceased from Sept 6 1947,
to Sept 7 1947,
that I last saw him alive on Sept 6 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Shock following rupture of gastric ulcer

Due to ulcer

Due to none

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

Major findings:
Of operations none

Of autopsy Ruptured ulcer

Duration

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) none

(b) Date of occurrence none

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial plant, in public place? none

While at work? none (Specify type of place) (e) Means of injury none

23. Signature Kelly Rawlins (M. D. or other) **0**

Address Holden, Mo Date signed 9/10/47

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

MOTHER, FATHER

AUG 2
1951

SEP 26 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 Samuel B. Rapp

Licensed Embalmer No. 4044

P. O. Address Holden, Md.

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.