

FILED DEC 9 1947

Registration District No. 31

Primary Registration District No. 5108

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Benton
 (b) City or town Cole Camp Williams Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2 Miles West
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 years
(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 Benton
 (c) City or town Cole Camp Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 2 Miles West
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Christina C Schroeder

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Fred G Schroeder 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased March 24th 1866
(Month) (Day) (Year)

8. AGE: 81 Years 7 Months 22 Days
 If less than one day _____ hr. _____ min.

9. Birthplace Benton County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Henry Heimsoth
 13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Anna Kenken
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Walter C Schroeder
 (b) Address Cole Camp Mo Route #3

17. (a) Burial (b) Date thereof Nov 19, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holy Cross

18. (a) Signature of funeral director E L Eickhoff
 (b) Address Cole Camp Mo

19. (a) 11-18-1947 (b) E L Eickhoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16
 year 1947 hour 1 minute 00 P. M.

21. I hereby certify that I attended the deceased from 5-16-46
 _____, 19____, to 11-16-47, 19____;
 that I last saw her alive on 11-14-47, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure
 Due to Cerebral Thrombus

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

Major findings:
 Of operations _____
 Of autopsy _____

Duration _____
 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 2nd
 23. Signature A. W. Howland (M. D. or other) _____
 Address Cole Camp Mo Date signed 11-18-47

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

JAN 8 1948

RECEIVED
District Health Officer No. 7,
District Health Officer
Date filed (2-8-47)
11-47-1410

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 E. H. Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp No

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.