

No. 2  
-2-43  
-17-39  
X35597

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 29 1948

Registration District No. \_\_\_\_\_

Primary Registration District No. 3000

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

1. PLACE OF DEATH

(a) County Adair  
(b) City or town Franksville, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution R.C.O.D.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler?  
(c) City or town Greentop, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country Germany

3. (a) PRINT FULL NAME Caroline Schade

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Julius Schade 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 10 11 1868  
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name Charles Gransche

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

14. Maiden name Euson Winkler

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

16. (a) Informant Mrs. Iwan Brenizer

(b) Address Lancaster, Mo.

17. (a) Burial (b) Date thereof 1-22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Queen City Cemetery

18. (a) Signature of funeral director Purcell Benton

(b) Address Lancaster, Mo.

19. (a) 1-21-48 (b) W. T. Lambert  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20  
year 1948 hour 9 minute 22 A.M.  
21. I hereby certify that I attended the deceased from Jan 13  
1948 to Jan 20 1948  
that I last saw him alive on Jan 20 and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory failure Duration 12 hrs.

Due to Jaundice

Due to Interintestinal obstruction of strangulated umbilical hernia 2 day

Other condition hernia

Major findings: Of operations \_\_\_\_\_

Of autopsy 1-2-48

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 2

23. Signature M. T. Hietanen M.D. or other \_\_\_\_\_

Address Franksville, Mo. Date signed 1-20-48

STATEMENT BY LICENSED EMBALMER

RECEIVED  
District No. 10  
District File Number 1-48-143  
Date Filed JAN 27 1948

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 Purcell Fenton

Licensed Embalmer No. 3705

P. O. Address Lancaster, 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.