S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5743

FILED MAR 4 1948

Registration District No. 24

Primary Registration District No. 5933

Registrar's No. 36

80
6
0

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

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Longwood, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Longwood, Missouri----home/
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 49 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 80
(a) State Missouri (b) County Pettis
(c) City or town Longwood 0
(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

3. (a) PRINT FULL NAME Hattie C. Schlomer
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 single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased October (Month) 30 (Day) 1898 (Year)

8. AGE:

Years	Months	Days	If less than one day
49	3	3	hr. min.

9. Birthplace Longwood, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Houseworker
11. Industry or business
FATHER
12. Name Charles Wm. Schlomer
13. Birthplace Louisville, Kentucky /
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Schupp
15. Birthplace Cooper County, Mo. 0
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Maud Pilkenton -
(b) Address Sweet Springs, Missouri
17. (a) burial (b) Date thereof 2/6/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Longwood Cemetary
18. (a) Signature of funeral director Duane Ewing
(b) Address 7th at Osage, Sedalia, Mo
19. (a) Feb 6, 1948 (b) Betty Yeager Deputy
(Date received local registrar) 251 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3
year 1948 hour 11:15 minute P. M.

21. I hereby certify that I attended the deceased from Jan 30, 1948, to Feb 3, 1948; that I last saw her alive on Feb 3, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Peritonitis	
Due to Acute Appendicitis	5 days
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

121

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature John McNeish (M. D. or other) MD
Address Houstonia, Mo. Date signed 2-6-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-3-48

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 Warren R. Ditz Registered Apprentice No. 70 working under my personal supervision.

Signed Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.