No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

8269

State File No.

FILED APR 3 1948

Registration District No. 8

Primary Registration District No. 3017

Registrar's No. 43

27

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Alex VanRavenswaay Hospital. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks. (Specify whether
In this community 55 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cooper 27
(c) City or town Bunceton, Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country —

3. (a) PRINT FULL NAME William Schlueter.
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Minnie Langkop Schlueter
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased May (Month) 7 (Day) 1863 (Year)

8. AGE: Years 84 Months 10 Days 14 If less than one day ... hr. ... min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)
10. Usual occupation Retired Farmer.
11. Industry or business On farm

FATHER
12. Name Henry Schlueter.
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Louise ????
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Herman Schlueter.
(b) Address Bunceton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 24th/48 (Month) (Day) (Year)
(c) Place: burial or cremation Lone Elm Cem. Cooper Co. Mo.
18. (a) Signature of funeral director Goodman & Boller.
(b) Address Boonville, Mo.
19. (a) 3-25-48 (Date received local registrar) (b) [signature] (Registrar's signature) 281

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 21 day 21
year 1948 hour 7 minute 30 p. M.

21. I hereby certify that I attended the deceased from Dec. 6, 1947 to March 21, 1948;
that I last saw him alive on March 21, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart Failure	5 days
Due to Chronic Myocarditis	1 yr.
Due to Arteriosclerosis	5 yrs (Approx)
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93

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 2

23. Signature [signature] (M. D. or other) D.O.
Address K. of P. Bldg Boonville, Mo. Date signed 3/23/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-2-48

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 William H. Wood, Registered Apprentice No. 480, working under my personal supervision.

Signed J. H. Goodman
Licensed Embalmer No. 1178
P. O. Address Boonville, 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.