

No. 2  
8-43  
7-39  
K37823

FILED JUN 21 1948

Registration District No. 290

Primary Registration District No. 4431

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Pulaski  
(b) City or town Dixon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: ^  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community Entire lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 85  
(c) City or town Dixon 0  
(If outside city or town limits, write "RURAL") J  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Elizabeth Schneider

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 Married  
6. (b) Name of husband or wife Edward G. Schneider 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased: 1 16 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 4 24 hr. min.

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

10. Usual occupation Housewife

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

12. Name Grate Reynolds

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

14. Maiden name Mary Gilbert

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

16. (a) Informant Edward G. Schneider

(b) Address Dixon, Missouri

17. (a) Burial (b) Date thereof 6/11/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dixon

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) 6-15-48 (b) I Helmae Budthorpe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 10  
year 1948 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from August, 1947 to 6-9, 1948  
that I last saw her alive on 6-9, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: Adeno-Carcinoma of rectum with metastasis to liver  
Duration 3 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: 468  
(Include pregnancy within 3 months of death)

Major findings: Adeno-Carcinoma of rectum  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 0

23. Signature Edgar O. Douglas (M.D. or other) \_\_\_\_\_

Address Dixon, Mo Date signed 12 June 48

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

MOTHER FATHER

JUL 25 1948

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. ....  
6/10/48  
working under my personal supervision.

Signed Hayden Gilbert Schindler  
Licensed Embalmer No. 4506

P. O. Address Dixon, Missouri

**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.**