

Registration District No. 119

Primary Registration District No. 5442

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town "Rural" Richland Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 mi. S. E. of Pershing
(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 Gasconade 37
(c) City or town Rural 11
(If outside city or town limits, write "RURAL")
(d) Street No. 3 mi. S/ E. of Pershing 11
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 12
If yes, name country _____

3. (a) PRINT FULL NAME EMMA NICE SCHNEIDER

3. (b) If veteran, name war ---- 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife George Schneider 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 24 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 3 16 hr. min.

9. Birthplace Mint Hill Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name Jerry Hollandsworth 9

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Fred Leinkuehler 1

(b) Address RFD Morrison, Mo

17. (a) Burial (b) Date thereof 7-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Giedhagen Cemetery

18. (a) Signature of funeral director Hugo H. Schueler

(b) Address Hermann Mo

19. (a) 7/12/48 (b) H. H. Schueler
(Date received local registrar) (Registrar's signature) 313

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th
year 1948 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 1946, to July 9th 1948, that I last saw her alive on July 9th 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach. Duration _____

Due to _____

Due to _____

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

Major findings: Of operations no 46 P

Of autopsy no

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 _____

23. Signature Howard W. Herkman (M. D. or other) _____

Address Terminum Mo Date signed 7-11-48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed AUG 10 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.....
working under my personal supervision.

Signed.....

August Blumer

Licensed Embalmer No. 3160

P. O. Address Hermann, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.