FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23792

Registration District No. 293 — Primary Registration District No. 5914 — Registrar's No. 45

1. PLACE OF DEATH:
(a) County Perry
(b) City or town Rural Brazeau
(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 74-3-29
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Perry 79
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Martha Schuessler
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 Joseph Schuessler
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Febuary (Month) 20 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
74	3	29	..... hr. ..... min.

9. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation House Wife
11. Industry or business .....
FATHER
12. Name Carl Schade
13. Birthplace ..... (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know (City, town, or county) (State or foreign country) 9
16. (a) Informant John Brunkhorst
(b) Address Seventy Six Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-22-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Frohna Mo.
18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo
19. (a) June 21-48 (Date received local registrar) (b) Jos. J. Zoellner (Registrar's signature) 250

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1948 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	
Due to	
Due to	
Other conditions ..... (Include pregnancy within 3 months of death)	
Major findings: Of operations 83 W	
Of autopsy 0	

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) 3
While at work? ..... (e) Means of injury .....
23. Signature W. A. Mitchell Deputy Coronor (M. D. or other) 19
Address Perryville Mo Date signed 6-21-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 278

Date Filed 7-26

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 Edward L. Young

Licensed Embalmer No. 2138

P. O. Address Perryville 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.