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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27186

Registration District No. 260 Primary Registration District No. 4391 Registrar's No. 15

1. PLACE OF DEATH:

(a) County Osage

(b) City or town Argyle
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community All Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 76

(c) City or town Argyle, 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Hellen Schroeder

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William G. Schroeder

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March (Month) 26 (Day) 1887 (Year)

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

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

10. Usual occupation House wife

11. Industry or business

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

MOTHER
14. Maiden name Wilhemina Lock
15. Birthplace Loose Creek, Mo. (City, town, or county) A (State or foreign country)

16. (a) Informant William G. Schroeder
(b) Address Argyle, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. (Month) 7 (Day) 48 (Year)
(c) Place: burial or cremation Argyle, Mo.

18. (a) Signature of funeral director Clyde Morton
(b) Address Linn, Mo.

19. (a) 8-7-48 (Date received local registrar) (b) Mrs. H. H. Moore (Registrar's signature) 7-28

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4th.
year 1948 hour 5:00 minute P.M.

21. I hereby certify that I attended the deceased from July 18. 48, 19..., to Aug 4, 1948
that I last saw her alive on Aug 4, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hepatic Carcinoma — Duration 2 yrs.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

46 F

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature W H Moore D.O. (M. D. or other)
Address Argyle, Mo Date signed 8-6-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed AUG 17 194

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 Vernon M. Morte

Licensed Embalmer No. 4125

P. O. Address Linn

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.