

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

FILED NOV 18 1948

Registration District No. 1188

Primary Registration District No. 4188

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Lexington  
(b) City or town Owensville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 19 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lexington <sup>37</sup>  
(c) City or town Owensville <sup>2</sup>  
(If outside city or town limits, write "RURAL") <sup>8</sup>  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country No.

3. (a) PRINT FULL NAME MATHILDA SOPHIA SCHNEIDEWIND

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 William Schneidewind 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased April 14 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 6 4 ✓ hr. ✓ min.

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

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name August Daniel  
13. Birthplace Thiersville Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Houtman  
15. Birthplace Bland Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant William Schneidewind  
(b) Address Owensville, Mo.

17. (a) Burial (b) Date thereof Oct 27 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Union Cemetery - Bland, Mo.

18. (a) Signature of funeral director M. D. West  
(b) Address Owensville, Mo.

19. (a) Nov 2 1948 (b) Dorothy Robinson  
(Date received local registrar) (Registrar's signature) 36128

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25  
year 1948 hour 8 minute 50 A.M.

21. I hereby certify that I attended the deceased from 10-25 1948 to 10-25 1948,  
that I last saw her alive on 10-25 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 Hour

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

Other conditions Chronic osteo-arthritis 10yrs.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None  
Of autopsy None 59B

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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature Paul A. Bruner (M. D. or other) MD  
Address Owensville, Mo. Date signed 10-26-48

RECEIVED  
DISTRICT HEALTH OFFICER NO. 9,  
DISTRICT FILE NUMBER  
NOV 10 1948  
Date Filed

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 Me  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Myford A. H. Winters  
Licensed Embalmer No. 3838  
P. O. Address Owensville 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.