

FILED NOV 24 1948  
Registration District No. 262

Primary Registration District No. 4531

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Warren

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

(c) Name of hospital or institution:  
Katie Jane Memorial Home 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks  
(Specify whether years, months or days)

In this community most of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Rural 3  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location) 1

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

If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME Charley SCHWERDT

3. (b) If veteran, name war World War I 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Mar. 24, 1886  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14 year 1948 hour 2:25 minute A. M.

21. I hereby certify that I attended the deceased from Sept 26, 1948, to Nov. 14, 1948;  
that I last saw him alive on Nov 13, 1948;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
62 7 20 ie. hr. min.

Immediate cause of death. Cerebral Embolism left side recurrent. Duration Unknown

Due to Pneumonia right side recurrent. 3 days

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

Other conditions (Include pregnancy within 3 months of death) 10/27

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

10. Usual occupation Farmer

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

12. Name Wm. Schwerdt 4

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

14. Maiden name Emma Niemeyer 1A

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

PHYSICIAN \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Martin Schwerdt

(b) Address R.F.D. Warrenton, Mo.

17. (a) Burial (b) Date thereof 11-16-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warren County, Mo.

18. (a) Signature of funeral director F.W. Nieburg & Co.

(b) Address Warrenton, Mo.

19. (a) 11/14/48 Wms Vernelle Waters  
(Date received local registrar) (Registrar's signature)

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) (a) Means of injury 0

23. Signature Wm. J. Hochstetler (M. D. or other) MD

Address Warrenton Mo. Date signed 11-16-48

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

MOTHER FATHER

NOV 23 1948

Date Filed NOV 23 1948

District File No.

DISBURSEMENT NO. 9

RECEIVED

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 John J. Hebing  
Licensed Embalmer No. 3897

P. O. Address Warrenton, 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.