.S. No. 300
EV. 10.48

FILED NOV 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37979

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 397

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Elizabeth Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
d. STREET ADDRESS (If rural, give location): 317 Hazel St

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle): M
c. (Last): Schulz

4. DATE OF DEATH (Month) 11 (Day) 15 (Year) 49

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: April 11 1895
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months 7 Days 4 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: House Wife
11. BIRTHPLACE (State or foreign country): Hannibal Mo
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: August E. H. Miller
13b. MOTHER'S MAIDEN NAME: Mary C. Groene
14. NAME OF HUSBAND OR WIFE: Fred J. Schulz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mr Fred J Schulz Hannibal Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Intestinal Obstruction — 6 mo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 1911

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Metastatic Carcinoma of abdomen
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 5:00 m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M
23b. ADDRESS: 1001 Bdwy
23c. DATE SIGNED: 11/16/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-17-49
24c. NAME OF CEMETERY OR CREMATORY: Grandview B Pk
24d. LOCATION (City, town, or county) (State): Hannibal Mo.

DATE REC'D BY LOCAL REG.: 11-18-49
REGISTRAR'S SIGNATURE: [signature] Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: James O'Donnell
ADDRESS: Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 22 1949
[illegible] CO. HEALTH DEPT.
DATE FILED NOV 25 1949

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 ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed M. J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.