

FILED DEC 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40611

State File No.

BIRTH NO. REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 273

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14

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

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		c. LENGTH OF STAY (in this place) <u>Several years</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1210 Madeline</u>		d. STREET ADDRESS (If rural, give location) <u>1210 Madeline</u>	
3. NAME OF DECEASED a. (First) <u>Rebecca Ellen</u> b. (Middle) <u>Schlötter</u> c. (Last) <u>Schlötter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 19, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 15, 1891</u>
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>4</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (State or foreign country) <u>Osage County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Amer Wolfe</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary E. Siegs</u>		14. NAME OF HUSBAND OR WIFE <u>William Schlötter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Augusta Roatk</u>		ADDRESS <u>-1210 Madeline</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Broncho pneumonia</u> <u>Diabetes mellitus</u>			
19. DATE OF OPERATION <u>Dec 18, 1949</u>			
20. MAJOR FINDINGS OF OPERATION <u>210X</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Dec 18, 1949</u> , to <u>Dec 19, 1949</u> , that I last saw the deceased alive on <u>Dec 18, 1949</u> , and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W Kanagawa</u>		23b. ADDRESS <u>1 Dallmeyer Bldg</u>	
23c. DATE SIGNED <u>12/21/49</u>		23d. NAME OF CEMETERY OR CREMATORY <u>Longview</u>	
23e. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>		23f. DATE REC'D BY LOCAL REG. <u>Dec 21-1949</u>	
23g. REGISTRAR'S SIGNATURE <u>R.P. Davis MD - TOR</u>		23h. FUNERAL DIRECTOR'S SIGNATURE <u>Jimmie Hoover</u>	
23i. ADDRESS <u>710 Jefferson</u>		23j. ADDRESS	

District File Number
District Health Officer No. 9,
RECEIVED DEC 23 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 *J. P. Anderson*

Licensed Embalmer No. *3641*

P. O. Address *Jeno.*

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.