

NOV 17 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36075
Do not use this space.

1. PLACE OF DEATH
 5 (a) County Johnson Registration District No. 431
 1 (b) Township..... Primary Registration District No. 3023 Registered No. 103
 2 (c) City Warrensburg (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
5 3/16
 2. PRINT FULL NAME Louise Schreitter
 (a) Residence, No. 721 So. Maguire St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Simon Schreitter
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 23 - 1856
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 0 25
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Excelsior Co Mo.
 FATHER 13. NAME Jacob Otto b
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wittenburg Germany b
 MOTHER 15. MAIDEN NAME Herselle Hoffmann
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wittenburg Germany
 17. INFORMANT Louise Schreitter
 (ADDRESS) Warrensburg
 18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset - Hill DATE Oct - 20 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Queen's Phillip Warrensburg, Mo.
 20. FILED Oct 20 1938 Etha Bush Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 18 - 1938
 22. I HEREBY CERTIFY, That I attended deceased from Nov 2 1939, to Oct 18 1938
 I last saw her alive on Oct 17 1938 Death is said to have occurred on the date stated above, at 10:30 AM
 The principal cause of death and related causes of importance were as follows:
Mutual Regurgitation
 Date of onset 6/1/39
 Other contributory causes of importance: Senility
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury.....
 Nature of injury.....
 24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify.....
 (Signed) John P. Bowen M.D.
 (Address) Warrensburg Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATE OF MICHIGAN
DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS

FILED
FILE Number
District Health Officer No. 8,
11/7/38
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, *S. Ray Sweeney*
Licensed Embalmer No. *1121*

P. O. Address _____

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, above space should be left blank.