

MAY 15 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16218

State File No. _____

Registration District No. 801

Primary Registration District No. 6045

Registrar's No. 14

1. PLACE OF DEATH

(a) County Saline
(b) City or town Paris Liberty Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether _____)
In this community Lufa
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline
(c) City or town Rural Liberty
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME BERTHA SCHRODER 1036

3. (b) If veteran, name war ✓ 8. (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 Fred Schroder 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Feb 15 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Concordia Mo
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business Deitch Busch

12. Name Germany

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

14. Maiden name Catherine Alois

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

16. (a) Informant Fred Schroder

(b) Address Sweet Springs Mo

17. (a) Paris (b) Date thereof 4/11/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director R. Carter

(b) Address Sweet Springs Mo

19. (a) 4/11/40 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1940 hour 7:25 minute A. M.

21. I hereby certify that I attended the deceased from Feb 24,
1940, to April 16, 1940
that I last saw her alive on Feb 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to Cause unknown

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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? _____ (e) Means of injury _____

23. Signature A. H. Ringen (M. D. or other) 1

Address Sweet Springs Date signed 4-17-40

Duration About 2 mo.

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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 RC Carter

Licensed Embalmer No. 3513

P. O. Address Trust Lgq 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, above space should be left blank.