

FILED JUL 15 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH22172
Do not use this space.

1. PLACE OF DEATH

- (a) County Lincoln Registration District No. 491
 (b) Township Boyerd Clark Primary Registration District No. 5656
 (c) City Boyerd (d) Street No. _____
 (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

- (a) Residence, No. 160 Missie Schaefer 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 (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Confer Schaefer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16-1857
 7. AGE YEARS MONTHS DAYS
82 7 17
 If LESS than 1 day, _____ hrs. or _____ min.

- OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. House wife
 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) Wright City

- FATHER
 13. NAME William Stratman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

- MOTHER
 15. MAIDEN NAME Auna Schultz
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Fred Schaefer

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE 6-5-40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kemper 440

20. FILED 6-5 19 40 Mrs Pearl Muck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1940

22. I HEREBY CERTIFY, That I attended deceased from

January, 1940, to June 3, 1940.I last saw her alive on June 2, 1940. Death is saidto have occurred on the date stated above, at 5:20 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Liver
Myocarditis (Senile)

Date of onset

?Other contributory causes of importance: 4/10Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? No23. 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) Thos. H. Williams, M. D.(Address) 1110 E. 11th St., Mo.

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.....

Licensed Embalmer No.....

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.