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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 15 1940

Registration District No. 307

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35280

Primary Registration District No. 5425

Registrar's No.

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

1. PLACE OF DEATH:

(a) County GASCONADE

(b) ~~City or town~~ RURAL BOULEWARE TOWNSHIP (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: OWENSVILLE ROUTE 1 (If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution (Specify whether

In this community 91 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE

(c) City or town RURAL BOULEWARE TOWNSHIP (If outside city or town limits write "RURAL")

0

(d) Street No. OWENSVILLE ROUTE 1 (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME LOUISEA JANE SCHNEIDER

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife CASPER SCHNEIDER

6. (c) Age of husband or wife if alive DEAD years

7. Birth date of deceased JAN. 29 1849 (Month) (Day) (Year)

8. AGE: Years 91 Months 8 Days 2 If less than one day hr. min.

9. Birthplace DRAKE (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSE WIFE 0

11. Industry or business 1

FATHER
12. Name GEORGE V. MILLER
13. Birthplace (NOT KNOWN) N. CAROLINA (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name RACHEL DICKSON
15. Birthplace — (City, town, or county) NORTH CAROLINA (State or foreign country)

16. (a) Informant GUS. SCHNEIDER

(b) Address OWENSVILLE ROUTE 1

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-3-1940 (Month) (Day) (Year)

(c) Place: burial or cremation MILLER CEM. DRAKE MO.

18. (a) Signature of funeral director W. F. Gottenstreiter

(b) Address Owensville Mo.

19. (a) 10-1-1940 (Date received local registrar) (b) Mrs F B Meyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 1 year 1940 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from April 19th, 1939, to Oct. 1st, 1940 that I last saw her alive on Sept 26th, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	about 2 years
Due to ~~Sept. 1938~~	
Due to Acute Myocarditis	
Other conditions (Include pregnancy within 3 months of death) NC	

Major findings: Of operations No operation

Of autopsy No

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

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)

2 While at work? — (e) Means of injury —

23. Signature E. G. Rhodius (M. D. or other) 1

Address Bay Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed Milford H. H. Winter

Licensed Embalmer No. 3838

P. O. Address Owensville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.