

No. 2  
13-40  
17-39

DEC 16 1940

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 348

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1705 South Ohio  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 3 1/2 Yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1705 South Ohio  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2nd  
year 1940 hour 1 minute 10 P. M.  
21. I hereby certify that I attended the deceased from October  
28th, 1940 to 11-2, 1940  
that I last saw him alive on Nov 2, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral  
hemorrhage  
Due to Hypertension  
Due to Chronic Nephritis  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations none <sup>19</sup>/<sub>10</sub>  
Of autopsy None  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature Card Holting (M. D. or other) 1  
Address Sedalia Mo Date signed 11-4-40

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

3. (a) PRINT FULL NAME

John Louis Schroeder

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Meta Schroeder

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Nov. (Month)

9 (Day) 1856 (Year)

8. AGE:

Years

Months

Days

If less than one day

83

II

23

hr.

min.

9. Birthplace

(City, town, or county)

Germany <sup>6</sup>/<sub>10</sub>  
(State or foreign country)

10. Usual occupation

Retired Salesman

11. Industry or business

6

MOTHER FATHER { 12. Name

Card Schroeder <sup>6</sup>/<sub>10</sub>

13. Birthplace

(City, town, or county)

Germany  
(State or foreign country)

14. Maiden name

Gretcha Ohllogge

15. Birthplace

(City, town, or county)

Germany  
(State or foreign country)

16. (a) Informant

Ellis Moore

(b) Address

Sedalia Missouri

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof Nov. 4/40

(Month) (Day) (Year)

(c) Place: burial or cremation

Crown Hill

18. (a) Signature of funeral director

McLaughlin Bros.

(b) Address

Sedalia Missouri

19. (a) 11/4/40

(Date received local registrar)

(b) Wm. Harry Sneed

(Registrar's signature)

RECEIVED  
District Health Officer No. 8,  
District File Number 12-16-40  
Date Filed

**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..... Ralph E. Baker.....

Licensed Embalmer No. 2419.....

P. O. Address Sedalia 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, fact should be so stated above.**