

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42022

State File No. _____

FILED JAN 13 1941

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 350

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

1. PLACE OF DEATH
 (a) County Callaway
 (b) City or town Fulton
 (c) Name of hospital or institution State Hospital #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3
 In this community 2 mos 19 days
 years, months or days

3. (a) PRINT FULL NAME Schwemmerdt, Caroline
 3. (b) If veteran, name war _____ 3. (c) Social Security No. DK. Now

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced WIDOW
 6. (b) Name of husband or wife DK. 6. (c) Age of husband or wife if alive DK. years
 7. Birth date of deceased MAY 14 1853
 (Month) (Day) (Year)

8. AGE: Years 87 Months 7 Days 12 If less than one day
 hr. _____ min. _____

9. Birthplace WARREN Co MO
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business HOME

12. Name Charles Stack

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

14. Maiden name DK REAFICKER

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

16. (a) Informant State Hospital #1, Fulton, MO
 (b) Address Fulton, MO

17. (a) Burial (b) Date thereof 12-28-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellflower Mo
 18. (a) Signature of funeral director James Thomas
 (b) Address Bellflower Mo
 19. (a) 12-26-40 (b) R. N. Crews
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Montgomery
 (c) City or town Bellflower
 (If outside city or town limits, write "RURAL")
 (d) Street No. None
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 26
 year 1940 hour 6: minute 30 A. M.
 21. I hereby certify that I attended the deceased from Oct. 7
 1940 to DEC. 26, 1940
 that I last saw her alive on DEC. 26, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
 Duration 1 m def.
 Due to _____
 Due to _____

Other conditions Generalized Arteriosclerosis
 (Include pregnancy within 3 months of death)

Major findings: CLEROSIS
 Of operations _____
 Of autopsy _____

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 James Thomas (M. D. or other) _____
 Address State Hospital #1 Date signed _____

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.....

Cedric H Jones, Registered Apprentice No. 246
working under my personal supervision.

Signed Claud A Jones

Licensed Embalmer No. 2978

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, fact should be so stated above.