

MAR 17 1941 852

Registration District No. _____ Primary Registration District No. 4518

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Milan.
(c) Name of hospital or institution: XXX /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 Years. (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Harriet Dan Schoene.

3. (b) If veteran, name war XX 3. (c) Social Security No. XX

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Chas. A Schoebe. 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased January 15, 1852
(Month) (Day) (Year)

8. AGE: Years 89 Months 1 Days 6 If less than one day hr. _____ min.

9. Birthplace Lee County / Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business XX

MOTHER FATHER { 12. Name Arthur Milton Ingersol
13. Birthplace XX / Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Harriet Skinner.
15. Birthplace XX / Ohio.
(City, town, or county) (State or foreign country)

16. (a) Informant Clio A. Schoene,
(b) Address Milan, Missouri.

17. (a) Burial (b) Date thereof Febr. 24, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation XXXXXX Oakwood Cem. Milan.

18. (a) Signature of funeral director Riggen & Son.
(b) Address Milan, Mo.

19. (a) Mar 8 1941 (b) Clio Hagan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan / 105
(c) City or town Milan. (If outside city or town limit, write "RURAL") 1
(d) Street No. XXX (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febr. day 21
year 1941 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from several
years ago, 19____ to Feb. 21, 1941;
that I last saw her alive on Feb. 21, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart block - IV node
apparently

Due to Arteriosclerosis
Due to 61

Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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?
76 A
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. S. Montgomery (M. D. or other) 0
Address Milan, Mo. Date signed 2-25-41

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

RECEIVED

District Health Officer No. 10

District File Number 3-41-584

Date Filed MAR 10 1941

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 Samuel C. Higgins

Licensed Embalmer No. 3792

P. O. Address Melan, 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.