

S. No. 2
-11-10-39
-5-17-39
-I X21

Registration District No. 207

Primary Registration District No. 5425

Registrar's No. _____

1. PLACE OF DEATH:

(a) County GASCONADE

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

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

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

In this community ALL HER LIFE
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE

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

(d) Street No. DRAKE MO
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME MARY ELIZABETH SCHULTE

8. (b) If veteran, name war NONE

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 11
year 1941 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 1st
1940 to March 10th, 1941
that I last saw her alive on March 9th, 1941
and that death occurred on the date and hour stated above.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife Wm. C. SCHULTE

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

7. Birth date of deceased JAN. 8 1845
(Month) (Day) (Year)

Immediate cause of death Diabetes Mellitus

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years 96 Months 2 Days 3
If less than one day _____ hr. _____ min.

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

Major findings: _____

Of operations _____

Of autopsy None

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

10. Usual occupation HOUSEWORK

11. Industry or business _____

12. Name GEORGE V. MILLER

13. Birthplace _____ TENNESSEE
(City, town, or county) (State or foreign country)

14. Maiden name RACHEL

15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

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) _____
While at work? (e) Means of injury _____

23. Signature E. G. Rhodius (M. D. or other) D
Address Drake Mo. Date signed _____

16. (a) Informant Mrs. Schultz

(b) Address Drake Mo.

17. (a) BURIAL (b) Date thereof 3-14-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

(b) Address OWENSVILLE MO

19. (a) 3-11-1941 (b) Mrs. H. B. Cooper
(Date received local registrar) (Registrar's signature)

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

37
0
0

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 Melford Winters

Licensed Embalmer No. 3938

P. O. Address Owensville 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.