

No. 2
1-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14529

Registration District No. 328

Primary Registration District No. 3017

Registrar's No.

1. PLACE OF DEATH:

(a) County Lundy Linton
(b) City or town _____
(c) Name of hospital or institution: Wright Hospital
(d) Length of stay: In hospital or institution 4 days
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County 999
(c) City or town Washington
(d) Street No. 2
(e) If foreign born, how long in U. S. A. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28
year 1941 hour 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from Dec. 20, 1940, to Jan. 28, 1941,
that I last saw h. alive on Jan. 28, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of liver
about 6 months

Due to _____
Due to _____

Other conditions _____

Major findings: Adeno-Carcinoma
Of operations She was operated by Dr. S.R. Boykin
Of autopsy Topeka Kansas.

Duration
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

300
While at work? _____
23. Signature Berta E. Sheth
Address Linton Mo Date signed 1-29-41

3. (a) PRINT FULL NAME MAUDE MINNIE SCHROEDER

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

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

6. (b) Name of husband or wife William Schroeder 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 26 1875

8. AGE: Years 65 Months 9 Days 2 If less than one day, hr. _____ min. _____

9. Birthplace Linton Mo. D.

10. Usual occupation Housewife

11. Industry or business _____

12. Name Alvin H. Luke

13. Birthplace Mich. 1

14. Maiden name Julia Under

15. Birthplace Ind. 1

16. (a) Informant Mrs. Mabel McLean

(b) Address Linton Mo

17. (a) Linton (b) Date thereof Jan 30 1941

(c) Place: burial or cremation Linton Cemetery

18. (a) Signature of funeral director P.R. Payne

(b) Address Galt mo

19. (a) 1-30-41 (b) Frene D. Fair

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

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

PK Payne Jr

Licensed Embalmer No.

3400

P. O. Address

Galt

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.