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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21444

Registration District No. 197 — Primary Registration District No. 5276 — Registrar's No. 28

1. PLACE OF DEATH:

(a) County: Clay

(b) ~~City or town~~: Rural -- Gallatin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route 5 North Kansas City, Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether In this community 21 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Clay

(c) City or town: Rural ** Gallatin (If outside city or town limits, write "RURAL")

(d) Street No.: Route 5, North Kansas City, (If rural, give location)

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

3. (a) PRINT FULL NAME: MRS. SARAH ANN SCHOETTLIN

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: female

5. Color or race: white

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

6. (b) Name of husband or wife: Adolph Schoettlin

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

7. Birth date of deceased: JUNE 15, 1871 (Month) (Day) (Year)

8. AGE: Years 69 | Months 11 | Days 7 | If less than one day ____ hr. ____ min.

9. Birthplace: Pottsville, Penn (City, town, or county) (State or foreign country)

10. Usual occupation: housewife

11. Industry or business:

FATHER
12. Name: James Allen
13. Birthplace: South Wales, Eng (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Anne Williams
15. Birthplace: South Wales, Eng. (City, town, or county) (State or foreign country)

16. (a) Informant: MRS. Martha McFarren
(b) Address: North K. C. Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 24, 41 (Month) (Day) (Year)
(c) Place: burial or cremation: ~~Crowley Cem. Clay Co.~~ Trenton Mo.

18. (a) Signature of funeral director: Morton Funeral Home
(b) Address: North Kansas City, Mo.

19. (a) May 24, 1941 (Date received local registrar) (b) John S Morton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 22 year 1941 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from April, 1941, to May 22, 1941; that I last saw her alive on May 21, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Obstruction of Common Bile Duct	
Due to: Cholelithiasis	
Due to:	
Other conditions: Chronic Myocarditis (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: Obstruction Common Bile duct by large stone

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: O. S. Pate (M. D. or other)
Address: North Kansas City, Mo. Date signed: 5/23/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 7-8-41
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 Harold L. Posson, Registered Apprentice No. ..... working under my personal supervision.

Signed Harold L. Posson

Licensed Embalmer No. 3605

P. O. Address North K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.