

FILED SEP 2 1941

Registration District No. 792

Primary Registration District No. 4474

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town Blackburn  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97  
(c) City or town Blackburn 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26  
year 1941 hour 27 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 24  
1941 to Aug 26 1941  
that I last saw him alive on Aug 26 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Abdominal hemorrhage Instant  
Due to Rupture abdominal aorta Instant  
Due to Abdominal aneurysm 2 days

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: 30d  
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 Paul Lowell M.D. (M. D. or other) \_\_\_\_\_  
Address Blackburn Mo Date signed 8-27-41

3. (a) PRINT FULL NAME Benjamin E. Schroeder

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 709-12-0465

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife Martha Ann Schroeder 6. (c) Age of husband or wife if alive 57 years 1862

7. Birth date of deceased sept. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 11 18 hr. min.

9. Birthplace Tamara, Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Depot Agent

11. Industry or business Railroad

12. Name HERMAN H. Luther Schroeder

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

14. Maiden name Unknown MARY ELLEN HELLER

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

16. (a) Informant Martha Ann Schroeder

(b) Address Blackburn, Missouri

17. (a) Burial (b) Date thereof 8 29 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green, Mo.

18. (a) Signature of funeral director CEMETERIAN

(b) Address Blackburn Mo

19. (a) Aug 28-1941 (b) Nathl Weisler  
(Date received local registrar) (Registrar's signature)

964 (Licensed Embalmer's Statement on Reverse Side)

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

707

to 1942 map

OCT 10 1940

RECEIVED  
District Health Officer No. 8  
District File Number  
Date Filed 9-8-41

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 *Roy H. Wiegers*  
Licensed Embalmer No. *2883*  
P. O. Address *Higginsville, 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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State of Missouri  
County of Saline } ss.

State File No. Sept. credit  
Local Registrar's No. 7

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 3rd day of October, 1941, before me appears.....

Martha Schroeder, who, upon her oath, states that the original record of ~~birth~~ death

for Benjamin E Schroeder, died August 26, 1941, in the State of Missouri, and which was filed at Blackburn on Aug. 28, 1941, should be corrected, as follows:

Item No. 13 should read Kerman H Schroeder

Instead of Luther Schroeder

Item No. 14 should read \*\*\*\*\* Heller Clara Mary Heller

Instead of.....

Item No. 15 should read unknown

Instead of.....

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Martha Schroeder Wife  
Blackburn, Missouri. Relationship.

Present Address.....

Subscribed and sworn to before me this 3dr day of October, 1941.

[Signature]  
Notary Public

My Commission expires October 10, 1942.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

29467