

FILED DEC 12 1941  
Registration District No. 29496

Primary Registration District No. 3038

1. PLACE OF DEATH Saline

(a) County Saline

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

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

(d) Length of stay: In hospital or institution Hospital 5 days  
(Specify whether 0)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED: Charlton

(a) State Massachusetts (b) County Saline

(c) City or town Marshallville  
(If outside city or town limits, write "RURAL") 22!

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME ELLEN SCHRADER

3. (c) Social Security No. \_\_\_\_\_

8. (b) If veteran, name war \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3  
year 1941 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from Oct. 29, 1941, to Nov. 3, 1941;  
that I last saw her alive on Nov. 2, 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, single

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

7. Birth date of deceased May 22 1855  
(Month) (Day) (Year)

Immediate cause of death: 3rd and 2nd degree burns back of head, legs & right arm

Due to \_\_\_\_\_

Due to \_\_\_\_\_

8. AGE: Years 86 Months 5 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Brunswick Mo  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Thos. H. Schrader

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

14. Maiden name Louise Fritzeneger

15. Birthplace Vermont  
(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) Accident

(b) Date of occurrence Oct. 29, 1941 021

(c) Where did injury occur? Brunswick, Charlton, Mo  
(City or town) (County) (State)

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

16. (a) Informant Mrs. Pearl Brymer

(b) Address Brunswick Mo

17. (a) Buried (b) Date thereof 11-5-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brunswick Mo

18. (a) Signature of funeral director L. W. Heisel

(b) Address Brunswick Mo

19. (a) 11-5-41 (b) Mary Kent  
(Date received local registrar) (Registrar's signature)

While at work? Yes (Specify type of place) \_\_\_\_\_  
(e) Means of injury Stove contact

23. Signature E. E. E. M. D. (M. D. \_\_\_\_\_)  
Address Marshall Date signed Nov.

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

7  
1  
2

11-4-41

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 12-10-41

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 *L. M. Kessler*

Licensed Embalmer No. 823

P. O. Address *Brunswick, N.C.*

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.