

FILED JAN 23 1942/3
Registration District No. 2/3

Primary Registration District No. 3014

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

1. PLACE OF DEATH: Cole

(a) County Cole

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

(c) Name of hospital or institution:
1017 Moreau Drive
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Elizabeth Schroeder

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 Widowed

6. (b) Name of husband or wife Frederick Schroeder

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

7. Birth date of deceased Aug. 17, 1947
(Month) (Day) (Year)

8. AGE: Years 94 Months 4 Days 15 If less than one day hr. min.

9. Birthplace Hickory Grove Warren Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Geo Wahlbrink

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

14. Maiden name DK

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

16. (a) Informant Mrs. George E. Hackmann

(b) Address Jefferson City, Mo.

17. (a) Burial & Removal (b) Date thereof 1/5/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warranton Mo.

18. (a) Signature of funeral director Buescher Funeral Home

(b) Address Jefferson City, Mo.

19. (a) 1-3-42 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 26

(a) State Missouri (b) County Cole 5

(c) City or town Jefferson City 4
(If outside city or town limits, write "RURAL") 0

(d) Street No. 1017 Moreau Drive
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2
year 1942 hour 10 minute 20 P. M.

21. I hereby certify that I attended the deceased from 9-6-1938, to 1-2-1942,
that I last saw her alive on 1-2-1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 3 days

Due to Chronic Endocarditis 7 yrs

Due to arteriosclerosis 10 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: 107

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?

23. Signature D. W. Gilham (M. D. or other) 11
Address Jefferson City Mo Date signed 1-3-42

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..... *Victor Buescher*

Licensed Embalmer No. 3701.....

P. O. Address Jefferson City, 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.