

FILED FEB 27 1942
DR. M. K. ...

Registration District No. **273**

Primary Registration District No. **5293**

Registrar's No. **27**

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Rural #3, Jefferson Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R. F. D. #3, Jefferson 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 60
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town RFD 3 Jefferson City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Jefferson City, Missouri
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29
year 1942 hour _____ minute 99 M.

21. I hereby certify that I attended the deceased from _____ 19____;
no attendance
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Hypertension
apoplexy
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) 83a!
Major findings:
Of operations _____
Of autopsy none

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? _____ (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 Edw. H. ... (M. D. or other) _____
Address Jefferson City, Mo. Date signed 1-24-42

3. (a) PRINT FULL NAME Mary Margaret Schroer
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 married
6. (b) Name of husband or wife William Schroer 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased September 10 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 4 13 .hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Nick Wuelser
13. Birthplace Osage City, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Laura Goetschel
15. Birthplace Osage City, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Jos. F. Schroer
(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Jan-26-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Thos. J. Gordon
(b) Address Jefferson City, Missouri

19. (a) Jan 24 42 (b) Norma Fichter
(Date received local registrar) (Registrar's signature)

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

600

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.....

Jerd P Dulle

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Jerd P Dulle

Licensed Embalmer No.....

3890

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.