

Registration District No. 796

Primary Registration District No. 3038

Registrar's No. 103

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

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall Mo.

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline 97

(c) City or town Marshall 1
(If outside city or town limits, write "RURAL") 2

(d) Street No. 302 E. North
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gussie E. Schweriner

3. (b) If veteran, name war no

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 11 hour 4.5 minute 7 M.

21. I hereby certify that I attended the deceased from June 10, 1942 to June 30, 1942
that I last saw her alive on June 30, 1942
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. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive no years

7. Birth date of deceased Nov. 23, 1873
(Month) (Day) (Year)

Immediate cause of death

Multiple Emboli - 10 hrs

Due to Pulmonary Infarction 10 days

Due to Diffuse Myocarditis 3 mths

Other conditions (Include pregnancy within 7 months of death)

8. AGE: Years Months Days If less than one day

68 8 7 _____ hr. _____ min.

PHYSICIAN

Major findings: Of operations _____

Of autopsy None III a

Underline the cause to which death should be charged statistically.

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

10. Usual occupation House Keeper

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence none

(c) Where did injury occur? none
(City or town) (County) (State)

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

MOTHER FATHER

11. Industry or business _____

12. Name Theo Schweriner

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

14. Maiden name Mary Lowenstein

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

16. (a) Informant Ben Lowenstein

(b) Address Marshall Mo.

17. (a) Burial (b) Date thereof July 3 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quincy Ill.

While at work? _____ (Specify type of place)

(e) Manner of injury _____

23. Signature Ronald [Signature] (M. D. or other)
Address Marshall Mo. Date signed 7-2-42

18. (a) Signature of funeral director Don Short
(b) Address Marshall Mo.

19. (a) July 2-42 (b) Mrs. T. O. Wharton
(If a receiver local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-14-42

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 Donald W. Short

Licensed Embalmer No. 3757

P. O. Address Marshall 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.