. S. No. 2
1—11-10-39
ev. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 18 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23767

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 39 64

5
1
0

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Cassville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
Barry Co. Clinic and Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5
(c) City or town Purdy 0
(If outside city or town limits write "RURAL")
(d) Street No. Rural Route 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Bertha W. Schad
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 Married
6. (b) Name of husband or wife Emil Schad
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased April (Month) 26 (Day), 1904 (Year)

8. AGE: Years	Months	Days	If less than one day
35	10	19	hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name John Casper
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Augusta Loehr
15. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)
16. (a) Informant Emil Schad
(b) Address Purdy, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 27, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Stones Prairie
18. (a) Signature of funeral director Horner-Culver
(b) Address Cassville, Mo.
19. (a) July 29 1942 (Date received local registrar) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25th. day March
year 1940 hour 3:00 minute a.M.
21. I hereby certify that I attended the deceased from Mar. 15th, 1940, to Mar. 25, 1940
that I last saw her alive on Mar. 25th, 1940;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Peritonitis	8 days
Due to Cholecystectomy Mar 25th 1940	
Due to	
Other conditions (Include pregnancy within 3 months of death) 126	
Major findings: Of operations Cholelithiasis. Cholecystitis.	
Of autopsy not done.	

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 0
23. Signature [illegible] Newman (M. D. ~~or other~~)
Address Cassville, Mo Date signed

1077

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 842-1262
Date Filed AUG 17 1942

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 J. C. Canada, Registered Apprentice No. 225, working under my personal supervision.

Signed G. E. Culver

Licensed Embalmer No. 3584

P. O. Address Carrollton 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, above space should be left blank.