

26888

S. No. 2  
M-5-42  
v. 5-17-39  
I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED SEP 9 1942

Registration District No. 53

Primary Registration District No. 4080

Registrar's No. 110

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

17  
20

1. PLACE OF DEATH:

(a) County Carroll

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 51 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll

(c) City or town Norborne  
(If outside city or town limits, write "RURAL")

(d) Street No. East 2nd St  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Magdalena Theener Schroeder

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20  
year 1942 hour 10:00 AM M.

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced married

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

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Feb. 3 1868  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_  
that I last saw Corrine Ball alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>6</u>	<u>17</u>	hr. _____ min. _____

Immediate cause of death Carbolic Acid poisoning

9. Birthplace Breese Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Due to Self Inflation

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

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

12. Name Ferdinand Theener

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

14. Maiden name Katherine Dittmer

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

Other conditions (include pregnancy within 3 months of death) 1637

16. (a) Informant Mr. August Schroeder

(b) Address Norborne Mo

17. (a) Burial (b) Date thereof Aug 22 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairhaven

18. (a) Signature of funeral director W.T. Stroud

(b) Address Norborne Mo

19. (a) 8-22-1942 (b) Mrs. James Rafferty  
(Date received local registrar) (Registrar's signature)

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

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

1033 (Licensed Embalmer's Statement on Reverse Side)

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

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence Aug. 20, 1942

(c) Where did injury occur? Norborne, Carroll, Mo  
(City or town) (County) (State)

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

While at work? No (Specify type of place)

23. Signature Dr. Everett L. Smith, D.O. (Carroll)  
Address Tina Date signed Mo

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 8,  
District File Number.....  
Date Filed 9-7-42.....

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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 me  
J. I. Stroud....., Registered Apprentice No. 2406  
working under my personal supervision.

Signed J. I. Stroud.....

Licensed Embalmer No. 2406.....

P. O. Address Roborne 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.