

FILED DEC 11 1942

Registration District No. 26

Primary Registration District No. 5090

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Rural 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rockville (P.O.) 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 50 years 9 mos.
yrs. months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Charles 93
(c) City or town Rockville, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME MARTHA MARIA SCHELLMAN

3. (b) If veteran, name war none 3. (c) Social Security No. none

20. DATE OF DEATH: Month Dec, day 1
year 1942 hour 7: minute 00 A.M.

21. I hereby certify that I attended the deceased from Sept 1
1942 to Dec 1 1942
that I last saw her alive on Nov 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 widowed
6. (b) Name of husband or wife Albert J. Schellman 6. (c) Age of husband or wife if alive 20 years
7. Birth date of deceased Dec 1870
(Month) (Day) (Year)

Immediate cause of death cerebral apoplexy Duration 1 week
Due to carcinoma of colon 9:10 A.M.

8. AGE: Years 71 Months 11 Days 11 If less than one day
hr. min.

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

10. Usual occupation Home wife

Due to H&E
Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER { 11. Industry or business

12. Name August Steinkraus
13. Birthplace Bernastay
(City, town, or county) (State or foreign country)
14. Maiden name Ulrika Leitz
15. Birthplace Bernastay
(City, town, or county) (State or foreign country)

Major findings: Of operations none Performed Of autopsy none Performed
Underline the cause to which death should be charged statistically.

16. (a) Informant Joe Horn
(b) Address Rockville, Mo

17. (a) burial (b) Date thereof 12 3 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Lutheran Cemetery

18. (a) Signature of funeral director Oscar Eckhoff

(b) Address apptn city, Mo

19. (a) Dec 3/42 (b) Mrs. O. W. Sarrow
(Date received local registrar) (Registrar's signature)

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?

While at work? (Specify type of place) (b) Means of injury
23. Signature M. O. Bjerke (M.D. or other)
Address Rockville, Mo Date signed 12/2/42

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

7
0
0

RECEIVED
District Health Officer No. 7,
District File Number 12-42-1274
Date Filed 12-7-42

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 Orson Eckhoff
Licensed Embalmer No. 39 X 2
P. O. Address Appto. City

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.