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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1943

Registration District No. 209

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3043

41330
State File No.
Registrar's No. 333

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 14 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 1128 Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME Ida Katherine Schulten

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ernest Schulten
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 19 (Day) 1881 (Year)

8. AGE: Years 61 Months 7 Days 5 If less than one day — hr. — min.

9. Birthplace Collinsville (City, town, or county) Illinois (State or foreign country)
10. Usual occupation at home
11. Industry or business

FATHER
12. Name Lewis Leitz
13. Birthplace Madison County (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Minnie Wheeling
15. Birthplace Madison county (City, town, or county) Illinois (State or foreign country)

16. (a) Informant George Schulten
(b) Address 1128 Cherry, Hannibal Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 28 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Riverside Cemetery
18. (a) Signature of funeral director Roy C. Lefurgy
(b) Address 1010 Broadway, Hannibal, Mo.
19. (a) 12-30-42 (Date received local registrar) (b) R. N. Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25 year 1942 hour 5 minutes 30 A. M.

21. I hereby certify that I attended the deceased from June, 1942, to Dec 25, 1942, that I last saw her alive on Dec 25, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death C J GB
Due to
Due to
Other conditions Nutritional
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy

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 J. H. Reyburn (M. D. or other)
Address 1 W Bthy Hannibal Mo Date signed 12/27/42

(Licensed Embalmer's Statement on Reverse Side)

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. Roy P. Schwartz

Licensed Embalmer No. 1765

P. O. Address 10th & Broadway, Hannibal, 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.