

FILED MAR 8 1943

Registration District No. 10

Primary Registration District No. 4410

81  
3  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Chelms  
(b) City or town St. James Mo  
(c) Name of hospital or institution:  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Nancy J Schanda

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

4. Sex F 5. Color or race W  
6. (b) Name of husband or wife August Schanda  
6. (c) Age of husband or wife if alive 81 years  
7. Birth date of deceased 10 - 9 - 1867  
(Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 16  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House wife

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

12. Name Mrs. Miller

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

14. Maiden name Phelps Lovv (State or foreign country)

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

16. (a) Informant Ornel Schanda

(b) Address St. Louis Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem

18. (a) Signature of funeral director W E Schleder

(b) Address St James Mo

19. (a) 2-8-1943 (Date received local registrar) (b) Chawick Distrow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30<sup>th</sup>  
year 1943 hour 11:05 minute P M.

21. I hereby certify that I attended the deceased from May 31  
1942 to January 30 19 43  
that I last saw h. er alive on January 30 19 43  
and that death occurred on the date and hour stated above.

Immediate cause of death Chromis myocarditis Duration 4 years

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

Other conditions Benign uterine Tumor 6 months  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 930  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature W Hammler (M. D. \_\_\_\_\_)  
Address St James Date signed 1.30.43

1091

**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..... *W E Licklider* .....

Licensed Embalmer No: *1990* .....

P. O. Address: *St James 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.**