

FILED
57
0
0

Registration District No. 179

Primary Registration District No. 5668

Registrar's No.

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town Moscow Mills Rural

(c) Name of hospital or institution: Chambers

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 years 4 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Charles

(c) City or town Moscow Mills, Mo. Rural (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Sophia Schlueter

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month June day 23 year 1943 hour minute M.

4. Sex Female 5. Color or race 1

21. I hereby certify that I attended the deceased from May 1 to June 23, 1943; that I last saw him alive on June 23, 1943; and that death occurred on the date and hour stated above.

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

Immediate cause of death Organized cardiac decompensation

7. Birth date of deceased April 18 1858 (Month) (Day) (Year)

Due to Senility

8. AGE: Years Months Days If less than one day

Other conditions (Include pregnancy within 3 months of death) 932

9. Birthplace Kennett Mo. 1 (City, town, or county) (State or foreign country)

Major findings: Of operations

10. Usual occupation House duties

Of autopsy

11. Industry or business

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

12. Name John Weber

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

13. Birthplace Kennett Mo. 1 (City, town, or county) (State or foreign country)

(b) Date of occurrence

14. Maiden name Don't know

(c) Where did injury occur? (City or town) (County) (State)

15. Birthplace John Schlueter 9 (City, town, or county) (State or foreign country)

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

16. (a) Informant John Schlueter

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

(b) Address Moscow Mills Mo

23. Signature Joe C. Kersch (Registrar's signature)

17. (a) Burial (b) Date thereof June 25 1943 (Month) (Day) (Year)

Address Troy Date sig 6/27/43

(c) Place: burial or cremation New Mills Mo.

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

MOTHER FATHER

PHYSICIAN Underline the cause to which death should be charged statistically.

MAR 16 1948

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 T. C. Pitman.....

Licensed Embalmer No. 2711.....

P. O. Address Wentzville, 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.