

FILED AUG 12 1946

Registration District No.

Primary Registration District No. 2017

Registrar's No. 228

1. PLACE OF DEATH:

(a) County **COOPER**
(b) City or town **BOONVILLE**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **209 SEVENTH STREET /**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **LIFE**
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **COOPER** 27
(c) City or town **BOONVILLE** 1
(If outside city or town limits, write "RURAL")
(d) Street No. **209 SEVENTH STREET** 2
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **MRS SOPHIA STRETZ SCHUSTER**

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

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**

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

7. Birth date of deceased **APRIL 17 - 1855**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 3 19 hr. min.

9. Birthplace **BOONVILLE MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business **AT HOME**

12. Name **FRANK STRETZ**

13. Birthplace **BADEN GERMANY**
(City, town, or county) (State or foreign country)

14. Maiden name **MADGE LINE STRETZ**

15. Birthplace **BADEN GERMANY**
(City, town, or county) (State or foreign country)

16. (a) Informant **WILBUR SCHUSTER**

(b) Address **BOONVILLE - MO.**

17. (a) **BURIAL** (b) Date thereof **AUG. 7 - 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CATHOLIC CEMETERY**

18. (a) Signature of funeral director **STEGNER**
(b) Address **BOONVILLE - MO**

19. (a) **8-6-46** (b) **Clay Morris**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **AUGUST** day **5th**
year **1946** hour **5:30** minute **8** M.

21. I hereby certify that I attended the deceased from **Aug 4**
..... 19.46, to **Aug 05**, 19.46;
that I last saw h. **ea.** alive on **Aug 4**, 19.46;
and that death occurred on the date and hour stated above.

Immediate cause of death **Central vascular accident** Duration **12 hrs**

Due to.....

Due to.....

Other conditions **auricular fibrillation**
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy..... **320**

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)
(e) Means of injury..... **11**

23. Signature **Donald N. Morgan** (M. D. or other) **M.D.**
Address **Boonville, Mo.** Date signed **8/6/46**

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

27
1
2

25

91

RECEIVED

District Health Officer No. 8,

License No. _____

Date Filed 8-10-46

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.....

James W. Stegner

Licensed Embalmer No. 3780

P. O. Address.....

Boonville, 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: