

**FILED** AUG 19 1946 **STANDARD CERTIFICATE OF DEATH**

27812

State File No. \_\_\_\_\_

Registration District No. 221

Primary Registration District No. 5793

Registrar's No. 10

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau <sup>68</sup>  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 9-mi N. of California <sup>0</sup>  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) <sup>0</sup>  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HELEN MARIE IDEN SCHWIZ  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5  
 year 1946 hour \_\_\_\_\_ minute 10 A. M.  
 21. I hereby certify that I attended the deceased from Feb 2  
 \_\_\_\_\_, 1946, to Aug 5, 1946  
 that I last saw her alive on Aug 3, 1946  
 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 married  
 6. (b) Name of husband or wife Austin F. Schulz  
 6. (c) Age of husband or wife if alive 52 years  
 7. Birth date of deceased April 27 1897  
 (Month) (Day) (Year)

Immediate cause of death Carcinoma of uterus with metastases  
 Duration 1 year

8. AGE: Years Months Days If less than one day  
49 3 8 hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) 48h

9. Birthplace Bausbon Ind <sup>1</sup>  
 (City, town, or county) (State or foreign country)

Major findings: Carcinoma of uterus  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife & Dr of Chiropactor

MOTHER FATHER {  
 11. Industry or business \_\_\_\_\_  
 12. Name John Henry Idem  
 13. Birthplace Rout Know <sup>9</sup>  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Loretta Newman  
 15. Birthplace Rout Know <sup>9</sup>  
 (City, town, or county) (State or foreign country)

16. (a) Informant Dr Austin Schulz  
 (b) Address California Mo.  
 17. (a) Burial (b) Date thereof 8-8-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Evangelical Cem.

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 0  
 23. Signature Kenyon Latham (M. D. or other) \_\_\_\_\_  
 Address California Mo Date signed 8-10-46

18. (a) Signature of funeral director W. Hugh E. Williams  
 (b) Address California Missouri  
 19. (a) 8-12-46 (b) Yada M. Suau  
 (Date received local registrar) (Registrar's signature)

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

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**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..... *Hugh E Williams* .....

Licensed Embalmer No..... *3537* .....

P. O. Address..... *California 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.**