

No. 2
8-43
17-39
X37823

FILED NOV 19 1946

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 119

1. PLACE OF DEATH:

(a) County Franklin.

(b) City or town Washington.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1108 E. 2nd St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None. (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin ²⁶

(c) City or town Washington. ⁶
(If outside city or town limits, write "RURAL") ²

(d) Street No. 1108 E. 2nd St. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) ⁰
If yes, name country X

3. (a) PRINT FULL NAME Adelheid M. Schroeder

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband William L. Schroeder

6. (c) Age of husband deceased if alive _____ years

7. Birth date of deceased: December 15th, 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>10</u>	<u>28</u>	hr. _____ min.

9. Birthplace Bland, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation House-work.

11. Industry or business X

MOTHER FATHER { 12. Name Charles A. Bunge.

13. Birthplace Unknown, Germany.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Whitrock.

15. Birthplace Unknown, Germany.
(City, town, or county) (State or foreign country)

16. (a) Informant Reinhard F. Schroeder

(b) Address Union, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Nov. 17, 1946.
(Month) (Day) (Year)

(c) Place: burial or cremation Port Hudson, Mo.

18. (a) Signature of funeral director Nielburg + Vitt, Inc.

(b) Address Washington, Mo.

19. (a) 11/15/46 (Date received local registrar)

(b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13th.
year 1946 hour 2:00 minute 15 P.M.

21. I hereby certify that I attended the deceased from Nov 13, 1946 to Nov 13, 1946
that I last saw her alive on Nov 13, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Failure ^{90 min}

Due to Myocarditis, chr. ^{2 years}

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9/9/46

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? 6

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

23. Signature Edward G. Mays (M. D. or other) ³⁰⁰
Address 3112 1/2th Washington Mo Date signed 11-15-46

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

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