

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39594**

Registration District No. **32**

Primary Registration District No. **5112**

Registrar's No. **66**

1. PLACE OF DEATH:

(a) County **Bollinger**
(b) City or town **Rural** **Larsance**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **33 yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Bollinger**
(c) City or town **Rural** **Larsance**
(If outside city or town limits, write "RURAL")
(d) Street No. **Near Leopold** (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **LOUISA STEINNERD**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widow**

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

7. Birth date of deceased **May 30 1868**
(Month) (Day) (Year)

8. AGE: Years **78** Months **6** Days **4** If less than one day hr. min.

9. Birthplace **Perry Co. Mo. M**
(City, town, or county) (State or foreign country)

10. Usual occupation **Heifer**

MOTHER FATHER

11. Industry or business

12. Name **HENRY SCHUEMER**

13. Birthplace **Perry Co. Mo. O**
(City, town, or county) (State or foreign country)

14. Maiden name **GROTHOFF**

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

16. (a) Informant **Joseph Steinnerd**
(b) Address **Leopold, Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 6, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Leopold, Mo.**
18. (a) Signature of funeral director **Baber Funeral Home**
(b) Address **Lutesville, Mo.**
19. (a) **Dec. 30 1946** (b) **Willie H. Vandenburg**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **4**
year **1946** hour **4** minute **15 A. M.**
21. I hereby certify that I attended the deceased from **3/1/44**
to **12/6/46**, 19____, to **12/1/46**, 19____;
that I last saw h. **ea** alive on **12/1/46**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Decompensation**
Due to **Thrombosis**

Due to
Other conditions (include pregnancy within 3 months of death) **ASU**

Major findings:
Of operations
Of autopsy

Duration
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) (b) Means of injury
23. Signature **John H. Vandenburg** (Date of other)
Address **Lutesville** Date signed **12/7/46**

23

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REIVED

Health Officer No. 4

File Number 147-15

1-6-47

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.