

FILED MAY 6 1947

Registration District No. _____

Primary Registration District No. 5022

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Atchison
(b) City or town Nishabetsna Mo
(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 most of her life (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Juana Drogos Schnittker

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Johannes Schnittker 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased May 2 1876
(Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name George Drogos

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

14. Maiden name Sophie Shellen

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

16. (a) Informant Opal Madron

(b) Address Nishabetsna Mo

17. (a) buried (b) Date thereof Mar 23 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hunter Cemetery

18. (a) Signature of funeral director F. B. Beutham

(b) Address Rick Port Mo

19. (a) 3-22-47 (b) Betty Cistner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Atchison
(c) City or town Nishabetsna Mo
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1947 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Mar 17
1947 to Mar 20 1947
that I last saw her alive on Mar 20 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Osteo sarcoma of left femur
Duration 14 mos.

Due to _____

Due to _____

Other conditions _____
(Includes pregnancy within 3 months of death)

Major findings: _____

Of operations _____

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? _____

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

23. Signature G. W. Reubley (M. D. or other) MD

Address Rockport Mo Date signed 3/21/47

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

OCT 25 1952

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.....

J. B. Bertram....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
J. B. Bertram
Licensed Embalmer No. *4024*
P. O. Address *Rock Port*

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.