

S. No. 2-
4-8-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 82050
Registrar's No. 296

Registration District No. 274

Primary Registration District No. 3052

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

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:
1201 E. 19th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 21 Yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1201 E. 19th St. 4
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MARY ELIZABETH SCHUERMAN

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 Married

6. (b) Name of husband or wife T.H. Schuerman

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased November 8, 1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

40 9 26 hr. min.

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

Housewife

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {

12. Name William Berkenbile

13. Birthplace Morgan County Missouri
(State or foreign country)

14. Maiden name Gora Corlman

15. Birthplace Cooper County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant T.H. Schuerman

(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof 9-6-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Geo. Dillard

(b) Address Sedalia, Mo.

19. (a) 9/5/47 (b) Betty Hanger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4th
year 1947 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from July, 1946, to 9-3, 1947;
that I last saw her alive on 9-3, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema 48 hrs.

Due to Malignancy of Brain ?

Due to _____

Other conditions 56 P
(include pregnancy within 3 months of death)

Major findings: 1 year ago operated on St. Louis, Mo. regard - Malignant tumor of brain

Of operations _____

Of autopsy _____

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) _____
(City or town) (County) (State)

Means of injury _____

23. Signature Frank B. Jones (M. D. or other) 28

Address Sedalia, Mo. Date signed 9-5-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

9-23-47

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 John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Sedalia, 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.