

S. No. 2
FORM-5-43
Rev. 5-17-39
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38542

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 353

FILED DEC 9 1947

Registration District No. 146

Primary Registration District No. 3026

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Day's (Specify whether
In this community 63 Years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1124 North Liberty
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS ANNA SCHOWENGERDT

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Wn. Scjpwengerdt (Deceased)

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

7. Birth date of deceased Jan. 20. 1879
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26 th.
year 1947 hour 9:55 minute 35 P. M.

21. I hereby certify that I attended the deceased from Nov. 18, 1947, to Nov. 26, 1947
that I last saw him alive on Nov. 26, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia Duration 3 days

Due to _____

Due to _____

Other conditions Same myocarditis
(Include pregnancy within 3 months of death)

Major findings: None seen

Of operations no operations

Of autopsy no autopsy

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years 98 Months 10 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Keeper

11. Industry or business _____

MOTHER FATHER { 12. Name Frederick Schlomann

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

14. Maiden name Hedwing Unknown

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

16. (a) Informant Mrs. Jimmie Trmiger

(b) Address 1124 North Liberty, Indep. Mo.

17. (a) Burial (b) Date thereof Nov. 29-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Joe C. Canon

(b) Address Independence, Missouri

19. (a) 11-29-47 (b) _____
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____

23. Signature Ed Allen MD (Date of death)
Address Independence Date signed 11/29/47

(Licensed Embalmer's Statement on Reverse Side)

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

41
4
4

OCT 22 1952

APR 22 1959

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.....

William H. Schlauke

Registered Apprentice No. *439*

working under my personal supervision.

Signed.....

R. A. Lisle

Licensed Embalmer No. *4123*

P. O. Address *Independence, 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.