

National Office of Vital Statistics
FILED FEB 13 1948

State File No.

Registration District No. 82

Primary Registration District No. 5309

Registrar's No. 5

1. PLACE OF DEATH:

(a) County COOPER
(b) City or town BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution HOME - 3 MILES SW OF BOONVILLE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 65 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER
(c) City or town BOONVILLE (RURAL)
(If outside city or town limits, write "RURAL")
(d) Street No. 3 MILES SW OF BOONVILLE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME ANTON HENRY SCHLER

3. (b) If veteran name war NONE 3. (c) Social Security No. NONE

4. Sex MALE (1) race WHITE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased MAY 30 - 1865
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 14th
year 1948 hour 12:45 minute..... a. M.
21. I hereby certify that I attended the deceased from 1-31
1-31, 1948, to 1-14, 1948
that I last saw him alive on 1-10, 1948:
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Due to.....
Due to.....
Other conditions Valvular Disease, Arteriosclerosis
(Include pregnancy within 3 months of death) cardiac

Duration

1 hour

2 yrs

PHYSICIAN

Underline the cause of which death should be charged statistically.

Major findings:
Of operations..... 92 B
Of autopsy.....

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?..... (Specify type of place)
While at work?..... (e) Means of injury.....
23. Signature W. G. Stout (M. D. or other) M.D.
Address Boonville Mo Date signed 1-15-48

8. AGE: Years Months Days If less than one day
82 7 15 hr. min.

9. Birthplace CLEAR CREEK MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARMING

12. Name LOUIS SCHLER

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

14. Maiden name MARGARET TROESTER

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

16. (a) Informant LIZZIE SCHLER

(b) Address BOONVILLE - MO.

17. (a) BURIAL (b) Date thereof 1/16/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BILLINGSVILLE - MO.

18. (a) Signature of funeral director STEGNER

(b) Address BOONVILLE - MO.

19. (a) 1-15-48 (b) W. G. Stout
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

27
00

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed.....2-11-48.....

MAY 7 1948

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.....

HARRY E. MONROE

Registered Apprentice No. 485

working under my personal supervision.

Signed.....

James W. Stegner

Licensed Embalmer No. 3780

P. O. Address BOONVILLE - 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.