

FILED MAR 26 1948

Registration District No. **230**

Primary Registration District No. **5810**

1. PLACE OF DEATH:

(a) County **Montgomery Co.**
(b) City or town **Big Spring, Mo.**
(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 _____
In this community **39 yrs 2 Month 15 Days** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County **Montgomery**
(c) City or town **Big Spring, Mo.** **710**
(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 _____

3. (a) PRINT FULL NAME **Charles Herman Schroff.**

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

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

6. (b) Name of husband or wife **Leotta Schroff.** 6. (c) Age of husband or wife if alive **31** years

7. Birth date of deceased **Jan 1st 1909**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 2 15 hr. min.

9. Birthplace **Big Spring, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Merchant**

11. Industry or business _____

12. Name **Oswald Schroff.**

13. Birthplace **Big Spring, Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Anna C. Bauer.**

15. Birthplace **Big Spring, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Eleanor Wallace**

(b) Address **121 W. Woodbine, Richmond**

17. (a) **Burial** (b) Date thereof **March 19-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Big Spring, No. M.E.**

18. (a) Signature of funeral director **Arthur Salt**

(b) Address **Americus, Mo.**

19. (a) **March 19-1948** (b) **Mrs. Nan Lee Thompson**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MARCH** Day **16th**
year **1948** hour **3** minute **P** M.

21. I hereby certify that I attended the deceased from **viewed body 16th**
MARCH 19**48**, to _____ 19**48**;

that I last saw him ~~alive on~~ _____ 19**48**;
and that death occurred on the date and hour stated above.

Immediate cause of death **DROWNING**

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Suicide**

(b) Date of occurrence **16 Mch 1948**

Where did injury occur? **Big Springs Montgomery, MO**
(City or town) (County) (State)

(c) Did injury occur in or about home, on farm, in industrial place, in public place?
Louvre River - 1/2 mi. S.S. Bridge

While at work? **no** (Specify type of place) Means of injury **None**

23. Signature **Clarence W. ...** (AND or other) **Coroner**
Address **Montgomery City, Mo** Date signed **16 Mch 48**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

~~Date Filed MAR 25, 1948~~

~~District File Number~~

District Health Officer No. 9,

RECEIVED

AUG 27 1948
AUG 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.....

D. B. Baker,....., Registered Apprentice No.....

working under my personal supervision.

Signed D. B. Baker.....

Licensed Embalmer No. 3375.....

P. O. Address Americus, 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.