

FILED MAR 19 1949

## STANDARD CERTIFICATE OF DEATH

State File No. 9176

BIRTH NO. 184		REG. DIST. NO. 206		PRIMARY REG. DIST. NO. 2042		Registrar's No. 19	
1. PLACE OF DEATH a. COUNTY MADISON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY MADISON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FREDERICKTOWN		c. LENGTH OF STAY (In this place) 75 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fredericktown			
d. FULL NAME OF HOSPITAL OR INSTITUTION 610 WEST MAIN				d. STREET ADDRESS (If rural, give location) 610 West Main			
3. NAME OF DECEASED (Type or Print) ANNA		a. (First) VIRGINIA		b. (Middle) SCHWANER		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) February 25, 1949		5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH Sept. 13, 1873		9. AGE (In years last birthday) 75		10. DATE OF BIRTH 75		11. BIRTHPLACE (State or foreign country) Madison County Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) Madison County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME JOHN R. TURNER		13b. MOTHER'S MAIDEN NAME CAMILA ABERNATHY		14. NAME OF HUSBAND OR WIFE CARL SCHWANER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS RALPH SCHWANER, FREDERICKTOWN, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Admitted for operation Carcinoma of Intestines ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Stomach DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 7 years 1942	
19a. DATE OF OPERATION Sec. 5, 1947		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Intestines				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 1942, to July 23, 1949, that I last saw the deceased alive on July 24, 1949, and that death occurred at 6:55 P. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. S. Knauth				23b. ADDRESS 1851 Knauth Fredericktown		23c. DATE SIGNED 2/25/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Feb. 27, 1949		24c. NAME OF CEMETERY OR CREMATORY ODD FELLOWS		24d. LOCATION (City, town, or county) (State) FREDERICKTOWN, Mo.	
DATE REC'D BY LOCAL REG. 2-14-1949		REGISTRAR'S SIGNATURE Florence Tucker 187		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sam Dejin, Jr. Fredericktown, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

300

48

EMVED

Health Officer No. 4

Teacher 349-37

3-18-4

APR 7 1949

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Sam Sajim, Jr.

Licensed Embalmer No. 4299

P. O. Address Fredericktown, 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.