

No. 2
5-43
17-39
X36671

FILED JAN 21 1948

Registration District No. 26

Primary Registration District No. 4080

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Carroll
 (b) City or town Norborne
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
East 3rd 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 _____
 years, months or days)

3. (a) PRINT FULL NAME Caroline Schroeder

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~~ 1

6. (b) Name of husband or wife Henry C. Schroeder 6. (c) Age of husband or wife if
 alive 81 years

7. Birth date of deceased March 4 1870
 (Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 6 If less than one day
 hr. _____ min. _____

9. Birthplace Breese Ill.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Ferdinand Theuer

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

14. Maiden name Katherine Wittmer

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

16. (a) Informant Gis Schroeder

(b) Address Richmond, Mo.

17. (a) Burial (b) Date thereof 1-12-1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parham County, Norborne

18. (a) Signature of funeral director Thomas J. Carter

(b) Address Richmond, Mo.

19. (a) Jan 10th 1948 (b) Eileen Pennington
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll / 7
 (c) City or town Norborne 2
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. East 3rd St 0
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
 year 1948 hour 11:40 minute _____ A. M.

21. I hereby certify that I attended the deceased from
Dec 29, 1947, to Jan 10, 1948
 that I last saw her alive on Jan 10, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy (Stroke)
 Due to Spontaneous
 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) _____
 (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) (e) Means of injury 2

23. Signature F. M. Smith (M. D. or other)
Carrollton, Mo. Address Date signed 1-10-48

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

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-20-48

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 James A. Moles

Licensed Embalmer No. 3296

P. O. Address Ex Springs 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.