

S. No. 2
OM-5-43
v. 5-17-39
I X36571

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38324

State File No.

FILED DEC 6 1945
Registration District No. 296

Primary Registration District No. 6019

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Orrick, Mo. Rural District
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All her Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Orrick, Rural
(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 Anna Catherine Schindler

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Andrew Schindler 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 27 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	7	17	hr. _____ min.

9. Birthplace Ray County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name Christopher Battagler
13. Birthplace Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Werle
15. Birthplace Gasconade County
(City, town, or county) (State or foreign country)

16. (a) Informant Andrew Schindler
(b) Address Orrick, Mo. Rural

17. (a) Burial (b) Date thereof 11-16-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director B. W. Good
(b) Address Orrick, Mo.

19. (a) 11/19/45 (b) Shelia J. Larkin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14
year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from July 1939 to Nov 13 1945
that I last saw her alive on Nov 13 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 1 week

Due to _____
Due to _____

Other conditions Cerebral insufficiency 10/14/45
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 740
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 _____

23. Signature Henry W. Good (M.D. or other) _____
Address Liberty Mo Date signed 11/19/45

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

RECEIVED

Health Officer No. 8,

File Number _____

Date Filed 12-4-44

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 _____

Licensed Embalmer No. 2171

P. O. Address Rayville, 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.