

FILED FEB 7 1946
Registration District No. 296

Primary Registration District No. 6018

1. PLACE OF DEATH:

(a) County Ross
(b) City or town Rural, Fishing River
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 miles South Excelsior Springs
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community about 54 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ross
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 miles South Excelsior Springs
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME KATIE SCHINDLER

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Heinrich Schindler 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased April 26, 1869
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Swiss (City, town, or county) no (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name George Plattner
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Dorothy Plattner
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Titus

(b) Address R R 2 Excelsior Springs

17. (a) Burial (b) Date thereof Jan 10, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Adrian, near Orrick Mo.

18. (a) Signature of funeral director Herbert Hope

(b) Address Excelsior Springs, Mo

19. (a) Heber Hester (b) Jan 11, 1946
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day Eight
year 1946 hour 7 minute 40 AM.
21. I hereby certify that I attended the deceased from Jan 1, 1946
to Jan 8, 1946
that I last saw her alive on Jan 6, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia
Due to Influenza
- 33 h
Other conditions egg disability
(Include pregnancy within 3 months of death)

Due to _____
Due to _____

Major findings: Of operations none made
Of autopsy none made

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 [Signature] (M. D. or other) _____
Address Excelsior Springs Date signed Jan 9, 1946

Duration
10 Day
1 week
PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD
18661

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed

2-6-46

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.