

1. PLACE OF DEATH:

(a) County Monteau
(b) City or town California
(c) Name of hospital or institution: Latham Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hrs
In this community all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monteau
(c) City or town Rural 068
(d) Street No. Bluff MO
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Alice Schuster

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

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased Sept 16 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 4
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Jack Scott
13. Birthplace Monteau Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Williams
15. Birthplace Monteau Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Tom Scott

(b) Address California Mo

17. (a) Burial (b) Date thereof 3/23/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Green

18. (a) Signature of funeral director William F. Friedman
(b) Address California Mo

19. (a) 3-22-42 (b) Mrs. James Roth
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th
year 1942 hour 12 minute Miditem.

21. I hereby certify that I attended the deceased from March 20
1942, to March 20, 1942
that I last saw her alive on March 20, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 9 hrs

Due to Influenza 2 days

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none 830

Of autopsy none

Duration
9 hrs
2 days
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 0

23. Signature L. L. Latham (M. D. or other)
Address California, Mo Date signed 3/23/42

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

MAY 14 1964

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 H. E. Friedmeyer
Licensed Embalmer No. 2854
P. O. Address California 716

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.