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Franklin
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OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Reg. Dist. No. 71 — Primary Reg. Dist. No. 7101 — State File No. 49338 — Registrar's No. 214

MARGIN RESERVED FOR BINDING

THIS CERTIFICATE SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFADING INK.

V.S. 11

1. PLACE OF DEATH
a. COUNTY: Ross
b. CITY OR VILLAGE (If outside corporate limits, write RURAL and give township): Chillicothe
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): Chillicothe Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ohio
b. COUNTY: Ross
c. CITY OR VILLAGE (If outside corporate limits, write RURAL and give township): Chillicothe
d. STREET (If rural, give location) ADDRESS: 584 E. Main St.

3. NAME OF DECEASED (TYPE OR PRINT): a. (First) CATHERINE — b. (Middle) — c. (Last) SCHRADER

4. DATE OF DEATH: (Month) (Day) (Year) 7-26-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Under 1 Year: Months	Days	If Under 24 Hrs.: Hours	Min.
Female	White	widowed	6-21-1867	86	1	5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	own home	Ohio	U.S.A.

13. FATHER'S NAME: John Kunzelman
14. MOTHER'S MAIDEN NAME: Katherine Wintersheimer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE: Mrs. John S. Wiresmore

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart — years
DUE TO (c) Old age
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4214
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, forest, etc.)	21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)
		Chillicothe Ross Ohio

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED While at Work ☐ Not While at Work ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 24, 1953, *to* July 26, 1953, *and that death occurred at* 6:45 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John W. Franklin MD	80 E Second St	7-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-29-1953	Grandview	Chillicothe, Ohio

Sub-Registrar's Signature

NAME OF EMBALMER: Amos L. Higgins (LIC. NO.) 4972-A

DATE REC'D BY LOCAL REG. 7-31-53
REGISTRAR'S SIGNATURE: C. R. Miller
25. FUNERAL DIRECTOR'S SIGNATURE: Thomas E. Ware (LIC. NO.) 1822

Quellenangabe:
Aufnahmen, FamilySearch (https://www.familysearch.org/ark:/61903/3:1:S3HT-D163-2PS?view=index : 11. Mai 2025), Aufnahme 159 von 0; .

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