

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25264
 Do not use this space.

AUG 24 1938

1. PLACE OF DEATH
 (a) County Franklin Registration District No. 297
 (b) Township _____ Primary Registration District No. 3016 Registered No. 66
 (c) City Washington (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 19 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph Scharfenberg
 (a) Residence, No. 205 W. Third St., Washington, Mo. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Anna Steutermann Scharfenberg (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 19, 1865

7. AGE YEARS 72 MONTHS 7 mo. DAYS 5 da If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired Farmer.
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union, Missouri.

FATHER 13. NAME Carl Scharfenberg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Mary Bierke,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Miss Gertrude Scharfenberg (ADDRESS) Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Mo. DATE July 26, 1938

19. FUNERAL DIRECTOR Otto & Co. (ADDRESS) Washington, Mo.

20. FILED July 25, 1938 H. H. May Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1938, to July 24, 1938
 I last saw him alive on July 24, 1938 Death is said to have occurred on the date stated above, at 8:35 A.M.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
131
 Other contributory causes of importance:
Chronic Nephritic
Nephritis

Date of onset Heart
Failure
1938

Name of operation none Date of _____
 What test confirmed diagnosis Medical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____ (Signed) R. P. Quisley, M. D.
 (Address) Washington, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

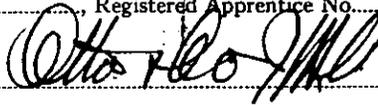
STATEMENT BY LICENSED EMBALMER

I,  _____, Licensed Embalmer No. 2464

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed  _____
Licensed Embalmer No. 2464

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.)