

1938 DEC 5 1938

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

39095  
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 297  
 (b) Township Washington, Mo. Primary Registration District No. 3016 Registered No. 102  
 (c) City Washington, Mo. (d) Street No. 2nd & Market Sts., Washington, Mo. 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 69 yrs. 0 mos. 23 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jessie Martin Schaper

(a) Residence, No. 2nd & Market Streets, Washington, Mo. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Jesse H. Schaper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 3rd, 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
69 0 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housework  
 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 John R. Martin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York New York

MOTHER 15. MAIDEN NAME Mary Ackermann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Brunswick New Jersey

17. INFORMANT Miss Florence Schaper (ADDRESS) Washington, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Mo. DATE Nov. 29, 1938

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

20. FILED Nov. 28, 1938 H. A. May Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26 - 1938

22. I HEREBY CERTIFY, That I attended deceased from August 27, 1938 to Nov. 26 - 1938  
 I last saw her alive on Sept. 26 - 1938 Death is said to have occurred on the date stated above, at 8:20 P. m.  
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis  
Chronic cholecystitis  
Goat stasis

Date of onset  
Unknown  
"  
"  
177  
Sept. 26 - 1938

Other contributory causes of importance:  
Acute congestion and edema of lungs due to food poisoning (Kallby) Cardiac dilatation

Name of operation None Date of 1938  
 What test confirmed diagnosis Clinical 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 1938  
 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) H. A. May M. D.  
 (Address) Washington, Mo.

N. B.—Every item of information 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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*Henry W. Otto*

or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed

*Henry W. Otto*

Licensed Embalmer No. *3560*

P. O. Address

*Washington*

**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, above space should be left blank.**