

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

43833
Do not use this space.

1. PLACE OF DEATH
 (a) County Madison Registration District No. 460
 (b) Township Stover Primary Registration District No. 5623
 (c) City Waller (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 163

2. PRINT FULL NAME Raris Schaeferhoelter
 (a) Residence, No. _____ St. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Schaeferhoelter
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 1-1883
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 8 10
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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) Concordia Mo
 FATHER 13. NAME Norman H. Elling
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Martha Nelson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Concordia Mo
 17. INFORMANT (ADDRESS) J. H. Elling
Concordia Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Waller, Mo. DATE 12-13-39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hebr. Mausshagen
Higdonville Mo
 20. FILED Jan 20 1940 Tiggay Webb
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-11-39
 22. I HEREBY CERTIFY, That I attended deceased from 12-11-39, to 12-11-39, 1939
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Thrombosis by hanging
Coronary Ase
 Date of onset _____
 Other contributory causes of importance: 160
Stroke dementia
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also, the following:
 Accident, suicide, or homicide Suicide Date of injury 12/11/39
 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? _____
 If so, specify _____
 (Signed) [Signature], M. D.
 (Address) [Address]

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.

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1/5/40

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. 2883

working under my personal supervision.

Signed Roy F. Wiegans

Licensed Embalmer No.....

P. O. Address Figginsville, 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, above space should be left blank.