

Registration District No. 781

Primary Registration District No. 6027

Registrar's No. 14

1. PLACE OF DEATH:

(a) County St. Genevive
 (b) City or town Minnith
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location) 2
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME William A. Schaaf

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Josephine Schaaf 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept 29 1861
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>2</u>	<u>7</u>	hr. min.

9. Birthplace St. Genevive Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business _____

MOTHER FATHER { 12. Name William Schaaf
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Bernice Graves
 (b) Address Minnith Mo

17. (a) Burial (b) Date thereof Dec. 28 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Minnith Mo.

18. (a) Signature of funeral director Young & Sons
 (b) Address Perryville Mo. 766

19. (a) Dec. 27, 1939 (b) John Thomas
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Genevive
 (c) City or town Minnith Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26
 year 1939 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from Dec 6, 1939, to Dec 26, 1939;
 that I last saw h/alive on Dec 24, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary Occlusion
Coronary Arteriosclerosis
Generalized arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
 Of operations _____
 Of autopsy _____

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)
 Means of injury _____

23. Signature Deane Carron (M. D. or other) _____
 Address Perryville, Mo Date signed 12-27-39

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

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

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.

MARGIN RESERVED FOR BINDING

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 Edward C. Haunig

Licensed Embalmer No. 2138

P. O. Address Perryville 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.