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P-1 X2142

FILED JUL 13 1940

A. Knab

21723

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 486A

Registration District No. 316 Primary Registration District No. 2001

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

1. PLACE OF DEATH:  
(a) County. GREENE  
(b) City or town. Springfield  
(c) Name of hospital or institution: 2128 N Lyon  
(d) Length of stay: In hospital or institution. 16-0

3. (a) PRINT FULL NAME. ELLA M. SCHAFER.  
(b) If veteran, name war. No  
(c) Social Security No. none

4. Sex. Female  
5. Color or race. White  
6. (a) Single, widowed, married, divorced. Married  
(b) Name of husband or wife. Frank B. Schaffer  
(c) Age of husband or wife if alive. 80 years  
7. Birth date of deceased. Nov. 9 - 1861

8. AGE: Years 78 Months 6 Days 20 If less than one day min.

9. Birthplace. Unknown Penna. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation. House Wife

11. Industry or business. In home 9

12. Name. Sam F. Hartman 9

13. Birthplace. Unknown Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name. Unknown Unknown

15. Birthplace. Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant. Frank B. Schaffer  
(b) Address. Springfield, Mo.

17. (a) Burial, cremation, or removal. Burial  
(b) Date there. May 31, 1940  
(c) Place: burial or cremation. Green Lawn Cemetery

18. (a) Signature of funeral director. W. E. Handley  
(b) Address. Springfield, Mo.

19. (a) Date received local registrar. May 31, 1940  
(b) Registrar's signature. W. E. Handley

2. USUAL RESIDENCE OF DECEASED:  
(a) State. Mo.  
(b) County. GREENE  
(c) City or town. Springfield  
(d) Street No. 2128 N. Lyon  
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 29  
year 1940 hour 3 minute 00 P. M.  
21. I hereby certify that I attended the deceased from Feb 23  
1938 to May 29 1940  
that I last saw her alive on May 29 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Coronary artery occlusion  
Due to sclerosis of 4  
Duration 1 day

Other conditions (including pregnancy within 3 months of death)  
Rheumatic  
Chronic endocarditis 10 yrs  
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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
23. Signature. Arthur Knab  
Address. 450 1/2 E. Council  
Date signed. 6/1/40

**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.....

working under my personal supervision.

Signed *Mrs Catherine King*

Licensed Embalmer No. *3719*

P. O. Address *Springfield 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.**

X