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FILED AUG 16 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

25076

State File No. \_\_\_\_\_

Registration District No. 289

Primary Registration District No. 4173

Registrar's No. 43

1. PLACE OF DEATH: Malden Dunklin

(a) County: \_\_\_\_\_

(b) City or town: Malden  
(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)

(d) Length of stay: In hospital or institution: XX  
(Specify whether \_\_\_\_\_)

In this community: \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Dunklin

(c) City or town: Malden  
(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.

3. (a) PRINT FULL NAME: Lucy Schaffer 160

3. (b) If veteran, name war: XX 3. (c) Social Security No.: XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 27, year 40, hour 8, minute 16 P M.

21. I hereby certify that I attended the deceased from July 25, 1940, to July 26, 1940, that I last saw her alive on July 25, 1940, and that death occurred on the date and hour stated above.

4. Sex: Fem 5. Color or race: white 6. (a) Single, widowed, married, divorced: Mar

6. (b) Name of husband or wife: Elliott Schaffer 6. (c) Age of husband or wife if living: 74 years

7. Birth date of deceased: 6 Aug 1873  
(Month) (Day) (Year)

Immediate cause of death: Cerebral Hemorrhage

Due to: High Blood Pressure

8. AGE: Years: 66 Months: 11 Days: 19 If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

9. Birthplace: Tenn  
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: SS

MOTHER FATHER { 12. Name: John Fox

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

14. Maiden name: Hanner Blank Knowledge

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

PHYSICIAN: \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant: Ollie McSwain

(b) Address: Parma RFD Mo

17. (a) Malden (b) Date thereof: 7/29/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Malden Mo

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? \_\_\_\_\_

18. (a) Signature of funeral director: Hill Bros

(b) Address: Lilbourn Mo

19. (a) 7-29-1940 (b) S.E. Mitchell  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury: \_\_\_\_\_

23. Signature: Lucy Schaffer (M.D. or other) DO

Address: Malden Date signed: 7/29/40

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

RECEIVED

District Health Officer No.

District File Number 840-132

Date Filed 8/12/14

**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.....

A. C. Hill....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

[Signature]  
Licensed Embalmer No. 2627

P. O. Address Lebanon, 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, fact should be so stated above.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 25076

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 289

Primary Registration District No. 4173

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Malden Dunbar  
(b) City or town Malden  
(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)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether

In this community \_\_\_\_\_ (Specify whether  
year, months or days)

3. (a) PRINT FULL NAME

Lucy Schaffer

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. \_\_\_\_\_

4. Sex 7

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband, or wife, if alive \_\_\_\_\_ years

7. Birth date of deceased aug 6 1878  
(Month) (Day) (Year)

8. AGE:

Years 66 to 7 Months 11 Days 21

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) 9-7-1940 (b) S. B. Mitchell  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

(c) City or town \_\_\_\_\_ (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 July day 27  
year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) (e) Means of injury \_\_\_\_\_

23. Signature Grady Castles (M. D. or other) \_\_\_\_\_

Address Malden mo Date signed \_\_\_\_\_

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

SUPPLEMENTAL

