No. 2
-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32796

FILED OCT 18 1940

Registration District No. 668 — Primary Registration District No. 3033 — Registrar's No. 288

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

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 225 South Quincy (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 48 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis
(c) City or town Sedalia (If outside city or town limits, write "RURAL")
(d) Street No. 225 S Quincy (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME DORA SCHUBER SCHLAFFER
3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JOHN SCHLAFFER. 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased MARCH 25 (Month) (Day) (Year)

8. AGE: Years 68 Months Days If less than one day ..... hr. ..... min.

9. Birthplace COLE CAMP (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation House Wife
11. Industry or business At Home
FATHER
12. Name SCHUBER
13. Birthplace (City, town, or county) AUSTRIA (State or foreign country)
MOTHER
14. Maiden name ANNA
15. Birthplace (City, town, or county) AUSTRIA (State or foreign country)
16. (a) Informant John Schlaffer
(b) Address Sedalia
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9/7/40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director McLaughlin
(b) Address Sedalia Mo
19. (a) 9/6/40 (Date received local registrar) (b) Mrs. Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5th year 1940 hour 7 minute 15 A.M.
21. I hereby certify that I attended the deceased from Sept. 21, 1935 to Sept. 5, 1940 that I last saw her alive on Sept 4th, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Dilatation of Heart	four mo
Due to Hypertension	2½ mo
Due to Chr. Int. Nephritis	2 yrs.
Other conditions Paralysis Agitans (Include pregnancy within 3 months of death)	21 yrs

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? 906 (Specify type of place)
While at work? (e) Means of injury
23. Signature Frank B. Long (M. D. or other)
Address Sedalia, Mo. Date signed 9/6/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number 10-11-40
Date Filed

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.