

No. 2  
-13-40  
-17-39  
I X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. **35130**

Dr. Bedford

NOV 15 1940

Registration District No. **213**

Primary Registration District No. **3014**

Registrar's No. **274**

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution  
1005 Poplar Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 37 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
(c) City or town Jefferson City, Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1005 Poplar Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mrs. Pauline Schneider

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Paul Schneider 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Nov 22 1903  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
36 11 1 hr. min.

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

10. Usual occupation Housewife

11. Industry or business "

12. Name Moses Schaffer

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

14. Maiden name Frances Spillers

15. Birthplace Callaway County, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Schneider

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date hereof Oct-24-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Myer View Cemetery

18. (a) Signature of funeral director W. J. Gordon  
(b) Address Jefferson City, Missouri

19. (a) 10/22/40 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 10-18-1940 to 10-18-1940  
that I last saw her alive on 10-18-1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis  
Due to (non epidemic)

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

Other conditions 76  
(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)  
(c) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) M.D.  
Address Jeff City Date signed 10/24/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

6  
3  
5

**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.....

.....  
working under my personal supervision.

.....  
Registered Apprentice No.....

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**