S. No. 2
M—4-13-40
v. 5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2015

Registration District No. 104 Primary Registration District No. 3008 Registrar's No. 31

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

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp. # 1 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since July 4-1939 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Morgan 14
(c) City or town Versailles 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Elizabeth Schaper
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 Wid 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 17 (Day) 1861 (Year)

8. AGE: Years	Months	Days	If less than one day
79	7	14	hr. min.

9. Birthplace (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Henry Stockdoll
13. Birthplace Va (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Hester Gregory
15. Birthplace Va (City, town, or county) 1 (State or foreign country)
16. (a) Informant Hosp. records
(b) Address
17. (a) Removal Versailles Mo (Burial, cremation, or removal) (b) Date thereof Jan (Month) 31 (Day) 1941 (Year)
(c) Place: burial or cremation Versailles
18. (a) Signature of funeral director W. F. Kidwell
(b) Address Versailles, Mo
19. (a) 1-31-41 (Date received local registrar) (b) R. McGuire (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1941 hour 1:45 P. minute M.
21. I hereby certify that I attended the deceased from Jan 27, 1941, to Jan 31, 1941
that I last saw her alive on Jan 31, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Simple Psychosis Generalized arteriosclerosis Chronic myocarditis + Parenchymatous nephritis	

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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? (Specify type of place)
While at work? (e) Means of injury

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23. Signature P. S. Teer (M. D. or other) D
Address State Hosp. No 1, Fulton Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.

Dr Crews
18 East 10 st

Signed Gene Bartram

Licensed Embalmer No. 4021

P. O. Address Versailles, 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.