

MAR 14 1941  
Registration District No. 30

Primary Registration District No. 5962

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

1. PLACE OF DEATH:

(a) County Ralls  
(b) City or town Rural, Saline Township  
(If outside city or town limits, write "RURAL" and name of township)  
Huntington R. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community, 42  
years, months or days)

8. (a) PRINT FULL NAME Louise Catherine Scheips

8. (b) If veteran, name war None  
8. (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 Henry Scheips  
6. (c) Age of husband or wife If alive 70 years

7. Birth date of deceased August 15, 1875  
(Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 13  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

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

12. Name Carl Ludwig Jurgins

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

14. Maiden name Maria E. Schenbers

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

16. (a) Informant Henry Scheips

(b) Address Huntington Mo

17. (a) Buried (b) Date thereof March 2 - 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grand View, Ralls Co.

18. (a) Signature of funeral director WILSONSON

(b) Address Monroe City, Mo

19. (a) 3-1-41 (b) G. E. Floyd  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls  
(c) City or town Rural Saline Township  
(If outside city or town limits, write "RURAL")  
(d) Street No. Huntington R. 1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28  
year 1941 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 20, 1941, to \_\_\_\_\_, 1941;  
that I last saw her alive on June 20, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

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

Other conditions \_\_\_\_\_  
(Includes 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)

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

23. Signature Harry J. Wilson (M. D. or other) 0

Address 100 N. 10th Hannibal Mo Date signed 3/1/41

RECEIVED

District Health Officer No. 10

District File Number 3-41-464

Date Filed MAR 8 1941

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,         

        , Registered Apprentice No.           
working under my personal supervision.

Signed Leslie L. Nelson

Licensed Embalmer No. 3014

P. O. Address Memphis City, Mo.

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

If this body is not embalmed, above space should be left blank.