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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

APR 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11226

Registration District No. 491 Primary Registration District No. 4298 Registrar's No.

57
20

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

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town Troy (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 years, months or days) In this Community 5 weeks

2. USUAL RESIDENCE OF DECEASED: 57

(a) State Mo (b) County Lincoln

(c) City or town Troy (If outside city or town limits write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME EMMA LOUISE 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 Widowed

6. (b) Name of husband or wife K.H. Schaper

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

7. Birth date of deceased May (Month) 10 (Day) 1863 (Year)

8. AGE: Years 77 Months 9 Days 9 If less than one day hr. min.

9. Birthplace Drake (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Casper Engelbrecht
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Anna Schloeman
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant George Schaper

(b) Address Troy Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar (Month) 9 (Day) 1941 (Year)

(c) Place: burial or cremation Zoar Cemetery

18. (a) Signature of funeral director Wayne McCoy

(b) Address Troy Mo.

19. (a) Mar 9-41 (Date received local registrar) (b) Mrs Pearl Muck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1941 hour 6 minute 30 a M.

21. I hereby certify that I attended the deceased from Feb- 10, 1941, to March 7, 1941 that I last saw her alive on March 7- 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Apoplexy	3 wks.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No.

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

23. Signature J. C. Creech (M. D. or other) D

Address Troy Mo. Date signed 3/8/41

(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.

Signed Wayne McCoy

Licensed Embalmer No. 3586

P. O. Address Troy Mo.

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

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