

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 372

Primary Registration District No. 578

Registrar's No. 1075

1. PLACE OF DEATH:

(a) County Holt Benton
(b) City or town Forest city Rural
(c) Name of hospital or institution:
Rural RR. 4 #
(d) Length of stay: In hospital or institution X
In this community Life / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Holt
(c) City or town Forest city, MO
(d) Street No. RR 4 #
(e) If foreign born, how long in U. S. A? MO years.

3. (a) PRINT FULL NAME LINNA JANE SCHAFER

8. (b) If veteran, name war X 3. (c) Social Security No. X

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

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

7. Birth date of deceased. May 17 1957

8. AGE: Years 82 Months 8 Days 11 If less than one day hr. 2 min.

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

10. Usual occupation Housewife

11. Industry or business Farm

12. Name Mc Daniels

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

14. Maiden name Claybourne

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

16. (a) Informant George Strong

(b) Address 2023 Messary St St Joseph MO

17. (a) Forest city (b) Date thereof March 18 41 (Month) (Day) (Year)

(c) Place: burial or cremation Forest city mo

18. (a) Signature of funeral director Robert Whisenand (b) Address Savannah

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1941 hour 6 minute 15 A M.

21. I hereby certify that I attended the deceased from March 2, 1941, to April 15, 1941; that I last saw him alive on April 14, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture met of femur

Due to 186 W
18

Other conditions Hypostatic Pneumonia (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations _____
Of autopsy _____
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) Accidental fall

(b) Date of occurrence March 7 1941

(c) Where did injury occur? Road City 9.50, Holt Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home on floor

(e) Means of injury 3 While at work? no

22. Signature DB Perry (M. D. or other) MD
Address Main St City MO Date signed 4-15-41

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

STATEMENT BY LICENSED EMBALMER

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 W. Fred Terhune
Licensed Embalmer No. 1279
P. O. Address Savannah

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, above space should be left blank.

Registration District No. 372

Primary Registration District No. 5378

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Holt
(b) City or town Benton, T. P.
(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)

3. (a) PRINT FULL NAME Linnajane Schaffer

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 wid

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

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 82 Months 11 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) June 20 - 41 (b) J. Tracy (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 15
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____ (include pregnancy within 3 months of death)

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? _____

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

23. Signature D.B. Perry (M. D. or other) _____

Address Mount Pleasant, Mo. Date signed _____

SUPPLEMENTARY

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

MOORE

88

1911

1911

1911