No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 10 1941

Registration District No. 4 11

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14900

Primary Registration District No. 5569

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin - Rural - Galena
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ~~Home.~~ R. R. 3 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 4 Miles S. W. Joplin. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME George Franklin Schofield

3. (b) If veteran, name war N.

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan 28, 1861 (Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 7 If less than one day hr. min.

9. Birthplace North Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business

FATHER
12. Name James Schofield
13. Birthplace Unknown 7 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rebecca Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant L. F. Schofield
(b) Address Picher, Okla.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof April 4, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation G. A. R. Miami.

18. (a) Signature of funeral director [illegible]
(b) Address [illegible]

19. (a) 4-10-41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th year 1941 hour 2.20 A. M. minute M.

21. I hereby certify that I attended the deceased from March 26, 1941, to April 4, 1941, that I last saw him alive on April 3, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1 week
Due to: Hypertension	10 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): Paralysis Agitans	
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

23. Signature [illegible] (Dr. or other)
Address Joplin Mo Date signed 4-8-41

(Licensed Embalmer's Statement on Reverse Side)

41-5-433

Dr Lawson.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.