

No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **32211**

FILLED SEP 29 1941
Registration District No. **660**

Primary Registration District No. **5878**

Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County **Perry**
 (b) City or town **Rural Central**
(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 years, months or days)
 In this community **87-6-16** /

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Perry** **079**
 (c) City or town **Rural** **00**
(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 _____ **0**

3. (a) PRINT FULL NAME **Christina E. Schauptert**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug.** day **31**
 year **1941** hour **5** minute **45 P.M.**

4. Sex **Female** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced, Widowed**
6. (b) Name of husband or wife **Michial Schauptert** **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased **Feb.** **1854**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **May** 19**40** to **Aug 31** 19**41**
 that I last saw her alive on **Aug 31** 19**41**
 and that death occurred on the date and hour stated above.

8. AGE: Years **87** Months **6** Days **15** If less than one day
 hr. _____ min.

Immediate cause of death **Pneumonia**
Due to **Septicemia**
Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
1600 B

9. Birthplace **Perry Co.** **Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **House Work**

11. Industry or business _____
12. Name **George Bergman**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Barbara Adler**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Elmer Schauptert**
(b) Address **Longtown Mo.**
17. (a) Burial **(b) Date thereof** **Sept. 2 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Perryville, Mo.**

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? _____

18. (a) Signature of funeral director **Young & Sons**
(b) Address **Perryville, Mo.**
19. (a) 9-2-41 **(b) Joe J. Zoellner**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature **Wm. A. Bailey** (M. D. or other)
Address **Perryville, Mo.** **Date signed** **9/1/41**

(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.....

Licensed Embalmer No. *2138*

P. O. Address. *Perryville 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.