

Registration District No. 566

Primary Registration District No. 3-03-0 576 Registrar's No. 107

1. PLACE OF DEATH: Mississippi
 (a) County Mississippi
 (b) City or town Charleston
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: RED #2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 42 YEARS (Specify whether
 In this community years, months or days)

3. (a) PRINT FULL NAMES JOSEPH FRANCIS SCHEFFER

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MAMIE LEE SCHEFFER 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased AUGUST 24, 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	1	8	hr. min.

9. Birthplace CAPE GIRARDEAU MO
(City, town, or county) (State or foreign country)

10. Usual occupation PUBLIC WORK

11. Industry or business DAY LABOR

12. Name HENRY SCHEFFER

13. Birthplace CAPE GIRARDEAU MO
(City, town, or county) (State or foreign country)

14. Maiden name ANNIE HILLEN

15. Birthplace BOLLINGER COUNTY MO
(City, town, or county) (State or foreign country)

16. (a) Informant HENRY SCHEFFER

(b) Address CHARLESTON, MO

17. (a) BURIAL (b) Date thereof 10-3-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY, CHARLESTON, MO

18. (a) Signature of funeral director John F. Hummel, Jr.

(b) Address Charleston, Mo

19. (a) 10-6-41 (b) F. J. Vernon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 67
 (a) State MISSOURI (b) County MISSISSIPPI
 (c) City or town CHARLESTON - RURAL
 (If outside city or town limits, write "RURAL")
 (d) Street No. RED #2 (If rural, give location) 0
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 2nd
year 1941 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from 11-8- 1939 to 10-2- 1941
that I last saw him alive on 9-27- 1941
and that death occurred on the date and hour stated above.

Immediate cause of death CARDIORENAL VASCULAR

Due to _____

Due to _____

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

Major findings: Of operations 13/a

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) (c) Means of injury 0

23. Signature C. C. Presnell (M. D. or other) M.D.
Address Charleston, Mo Date signed 10-4-41

Duration

2 Years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Office No. 2,

District File Number 1141-1474

Date Filed 1/13/41

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 E. E. Hummel

Licensed Embalmer No. 4164

P. O. Address Charleston, 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.