

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Buchanan,
(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Methodist Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days, (Specify whether
In this community 4 days, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa, (b) County Union, 999
(c) City or town Creston, 13
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Albert Schafer,

3. (b) If veteran, name war no 3. (c) Social Security No. 483-05-0631

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased September 27, 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 2 11 hr. min.

9. Birthplace Adams Co. Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business _____

12. Name William Schafer

13. Birthplace Buran Co Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Kinsella

15. Birthplace Adams Co Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Roland
(b) Address Creston Iowa

17. (a) removed (b) Date thereof Dec 8 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Creston Iowa

18. (a) Signature of funeral director Paul J. Bauman
(b) Address 319 So. 10th Street, St. Joseph

19. (a) 12/8/41 (b) H. J. Hestebach
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8th
year 1941 hour 8:00 minute 40a M.

21. I hereby certify that I attended the deceased from 12-4-41
19____ to 12-8-41 19____
that I last saw him alive on 12-7-41 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia - general Duration 4 day

Due to Perforated duodenal ulcer 4 day

Due to _____

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

Major findings: Perforated ulcer
Of operations general pneumonia
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 Paul J. Bauman (M. D. or other) M.D.
Address St. Joseph Mo Date signed 12-8-41

ST. JOSEPH

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

11
1
7

71

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 12-8-41

....., Registered Apprentice No.
working under my personal supervision.

Signed W. E. Summary

Licensed Embalmer No. 3007

P. O. Address 319 So 10 St Young

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.