

No. 2  
4-13-40  
5-17-39  
I X23159

Dr. Knabb  
41877  
State File No.  
999  
Registrar's No.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 21 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. 318

Primary Registration District No. 5439

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

39  
0  
0

1. PLACE OF DEATH:  
(a) County GREENE  
(b) City or town Rural, ~~Springfield~~ Campbell Township  
(c) Name of hospital or institution: Route # 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 52 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Campbell Township  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Frank B. Schafer  
(b) If veteran, name war no (c) Social Security No. no

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 24  
year 1941 hour 3 minute A M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Dec. years  
7. Birth date of deceased Feb. 2 1859  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 20, 1941, to Dec. 24, 1941  
that I last saw him alive on Dec. 20, 1941,  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
182 10 22 hr. min.

Immediate cause of death Coronary occlusion  
Ch. Myocarditis  
Duration  
2 1/2  
1

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

Due to Ch. Degenerative cardio  
vascular disease years  
Other conditions Hemiplegia from yr  
(Include pregnancy within 3 months of death) Cerebral hemorrhage

10. Usual occupation Retired  
11. Industry or business Farmer

Major findings:  
Of operations 430  
Of autopsy \_\_\_\_\_

MOTHER FATHER {  
12. Name Unknown  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(Specify type of place) \_\_\_\_\_ (Specify type of place) \_\_\_\_\_

16. (a) Informant Fred Schafer  
(b) Address Route # 2 Springfield, Mo.

23. Signature Arthur Knabb (M. D. or other)  
Address 450 1/2 E. Council St. Date signed 12/26/41

17. (a) Burial (b) Date thereof Dec. 27 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director H. H. Lohmeyer  
(b) Address Springfield, Mo.

19. (a) 12-26-41 (b) W. E. Handley  
(Date received local registrar) (Registrar's signature)

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**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 *Walter E Hamulas*.....

Licensed Embalmer No. *3808*.....

P. O. Address *Springfield 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.**